



Applicants Name

Birth Date

Male/Female

Physician's Examination and Health History Form

This examination should be completed within 24 months of arrival at camp. Examination is for determining fitness to engage in strenuous activity in a summer camp setting.

Height	Weight	Pulse	Blood Pressure	Hct/Hgb Test (if appropriate)	Urinalysis (if appropriate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please rate the following:

V - Satisfactory
X - Not Satisfactory
O - Not examined

Eyes	Ears	Nose	Throat	Lungs	Heart	Abdomen	Genitalia	Hernia	Extremities	Posture	Skin	Neuro
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Appraisal:

Please address any concerns from above.

Medications:

Please list any medications the applicant is currently taking

Allergies:

Please list any allergies the camper may have

Immunizations*:

Are the following immunizations up to date?*

Measles	Mumps	Rubella	Diphtheria	Tetanus Toxoids	Pertussis Vaccine	Hepatitis B
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Medical problems and treatments:

Any health conditions or impairments which may affect the individual's activities while attending the camp

Recommendations:

List restrictions on the applicant whilst at camp

I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

Date of Examination:

Name of Physician:

Physicians' Contact Number:

Signature:

Date: