

Health History and Examination Form

**This side is to be filled out by a licensed physician
or you may attach the physician's own form.**

Name

Date of Birth (month/day/year) :

Date of last physical exam:

must be within 12 months of child's attendance at camp.

Height _____ Weight _____ Blood Pressure _____

Child may fully participate in camp program(circle) : Yes NO

VACCINES	Need	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
DTP (diphtheria/pertussis/tetanus)	5					
TD Tetanus/diphtheria						
Tetanus						
Polio	4					
MMR	2					
Measles, 2 nd shot required						
Varicella	2					
PPD(Xray if positive)	1					
Influenza						
Hepatitis B	3					

Is the applicant currently under the care of a physician? If yes, why. _____

Allergies (food, drugs, insects, etc.) _____

Allergies to cats/dogs: _____

Child's reaction/treatment to above _____

Current medications:

- 1.
- 2.
- 3.

If a camper will be taking medication during the camp day, a medication order (located in the parent packet) must be completed and signed by the physician. A parent must bring the medication to the camp nurse in the original container with doctor's prescription on it.

Recommendations and/or restrictions while in camp:

Dietary _____

Swimming (able to swim without restrictions) _____

Physical, mental, or psychological conditions requiring medication, treatment, or special considerations while at camp _____

I have examined the child herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in all camp activities, unless otherwise noted above.

Licensed Physicians Name

Signature:

Address _____

Phone _____

Date of Form Completion_