

CAMP 42

Exploring life, the universe, and everything!

PHYSICAL EXAM FORM

Camper's Name _____ Date of Birth _____

Parent/Legal Guardian: Please complete the camper's name and date of birth above and provide this form and a copy of the camper's **completed** Health Information Form to your child's physician.

Physician: Please review the camper's Health Information Form and complete remaining sections on this form. Attach a separate sheet if necessary.

Date of Camper's Most Recent Physical Exam _____

Height _____ Weight _____ Blood Pressure _____ Blood Type (if known) _____

Is the camper undergoing treatment at this time for any medical conditions? No Yes - Please describe:

Will the camper need to take any prescribed medication while at camp? No Yes - Please describe name, dose, frequency, and reason for each medication: _____

Please list any allergies the camper has, including to foods, medications, environment and animal allergens, etc. Please also describe the camper's reaction to each allergen. _____

Has the camper undergone any surgeries or hospitalizations? No Yes - Please describe:

Does the camper have any medical or health conditions that will require limitations or restrictions on his/her activity while at camp? No Yes - Please describe:

Please attach camper's immunization history, including date of last tetanus shot.

"I have reviewed the camper's Health Information Form and have discussed the camp program with the camper's parent/legal guardian. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program, except as noted above, if applicable."

Signature of Camper's Physician _____ Date _____

Physician Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____