

2016

YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF
Physical Exams Are Valid For 3 Years
From Date of Last Examination

- Camper
Staff

Please Return Completed Form to the Camp

Name Date of Birth Phone
Guardian Address
Emergency Contact Telephone
Date of Arrival at Camp: Departure Date:

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam / /

May participate in all camp activities
May participate except for:

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s):

Does the individual have allergies? YES NO Explain:
Is the individual on a special diet? YES NO Explain:
Does the individual have special needs? YES NO Explain:

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Table with 6 columns: Disease, Yes, No, Disease, Yes, No. Rows include Measles, Mumps, Rubella, Chickenpox, Tetanus, Hepatitis B, Diphtheria, Pertussis, Pneumococcal conjugate, Polio.

Comments:

Print name of medical care provider:
Medical care provider's address:
Medical care provider's: City/Town ST Zip Code

Signature of Physician, PA, APRN or RN
Date Form Signed
Telephone Number