YOUTH CAMP HEALTH Form: Exam/Record for CAMPERS and STAFF

[Physical Exams Are Valid For 3 Years from the date od last Examination]

Camper, Please Return Completed Form to the Camp staff prior to camp. Admittance to camp will not be allowed otherwise.

Section 1: Completed by Parent / Adult

Check one: ☐ Camper ☐ Staff

Name: _____ Birth Date: _____

Parent / Guardian Name: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

Camp arrival date: _____ Departure Date: _____

Section 2: Completed by a Medical Practitioner: Date of Exam: _____

Check one: ☐ 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, Name of Medications: _____

Does the individual have allergies? ☐ Yes ☐ No

If Yes, Explain allergies: _____

Is the individual on a special diet? ☐ Yes ☐ No

If Yes, Explain diet: _____

Does the individual have special needs? ☐ Yes ☐ No

If Yes, Explain special needs: _____

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:

Measles	☐ Yes	☐ No		Pertussis	☐ Yes	☐ No	
Hepatitis B	☐ Yes	☐ No		Chickenpox	☐ Yes	☐ No	
Mumps	☐ Yes	☐ No		Pneumococcal conjugate	☐ Yes	☐ No	
Diphtheria	☐ Yes	☐ No		Tetanus	☐ Yes	☐ No	
Rubella	☐ Yes	☐ No		Polio	☐ Yes	☐ No	

Comments: _____

_____

_____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City: _____ State: _____ Zip Code: _____

Signature of Physician, PA, APRN or RN: _____

Date Form Signed: _____ Medical Provider Telephone #: _____