Camp Health Examination Form

THIS FORM SHOULD BE COMPLETED BY THE CHILD'S PHYSICIAN

NAME OF CAMPER: ______________________________

1. IMMUNIZATION HISTORY (PROVIDE A COPY OF IMMUNIZATION RECORD)

IMMUNIZATIONS ARE UP TO DATE? ☐ YES ☐ NO IF NO WHY? ______________________________

TUBERCULIN TEST: ☐ POSITIVE ☐ NEGATIVE DATE OF MOST RECENT TEST: ______________________________

2. RHEUMATIC CONDITION (ARTHRITIS, SLE, ETC): ______________________________

STATUS OF RHEUMATIC CONDITION (FLARE, MEDICATED REMISSION, REMISSION): ______________________________

OTHER MEDICAL PROBLEMS: ______________________________

3. MEDICAL EXAMINATION

HEIGHT: __________ ***WEIGHT:*** ***DRUG ALLERGIES:*** ______________________________

✓ = NORMAL × = ABNORMAL O = NOT EXAMINED

1. ☐ WBC	5. ☐ EYES	9. ☐ THROAT	13. ☐ HERNIA	17. ☐ NEURO	21. ☐ GENERAL
2. ☐ H/H	6. ☐ GLASSES	10. ☐ LUNGS	14. ☐ GU	18. ☐ SKIN	22: ☐ Other:
3. ☐ PLT	7. ☐ B/P	11. ☐ EARS	15. ☐ HEART	19. ☐ EXTREM.	
4. ☐ UA	8. ☐ P	12. ☐ NOSE	16. ☐ ABD.	20. ☐ SPINE	

EXPLAIN ABNORMAL FINDINGS ABOVE BY NUMBER______________________________

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4. ANY SPECIAL DIET/DIET RESTRICTION?______________________________

5. ANY SPECIAL PROCEDURES OR CONSIDERATIONS?______________________________

6. ANY RESTRICTIONS FOR ACTIVITIES: (SWIMMING, DIVING, RUNNING, ROPE CLIMBING, ETC): ______________________________

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OR ☐ ***ALL ACTIVITIES TO CHILDS TOLERANCE***

7. MEDICATION NAME ______ **STRENGTH** ______ **TOTAL DOSE** ______ **FREQUENCY** ______

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I HAVE EXAMINED THE PERSON DESCRIBED ABOVE AND I HAVE REVIEWED THE HEALTH HISTORY ON THE FRONT OF THE FORM. IT IS MY OPINION THAT THIS CHILD IS PHYSICALLY ABLE AND PSYCHOLOGICALLY FIT TO ENGAGE IN CAMP ACTIVITIES, EXCEPT AS NOTED.

SIGNATURE OF PHYSICIAN:______________________________

ADDRESS:______________________________

TEL:______________ **AFTER HOURS:** ______________ **DATE OF EXAMINATION OF THIS PATIENT:**______________

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