

# CAMP HEALTH EXAM FORM

EXAM DATE MUST BE **WITHIN 24 MONTHS** OF CAMP DATES.

This form to be filled out by the physician\*\*

This individual is registered to attend camp at \_\_\_\_\_ on \_\_\_\_\_, 2009.

Child's Name \_\_\_\_\_  
Last First Middle Initial  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Parent's Name \_\_\_\_\_

### Health Examination:

Date of examination \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Temperature \_\_\_\_\_

Heart Rate \_\_\_\_\_ Resp. \_\_\_\_\_ B.P. \_\_\_\_\_ Nutrition \_\_\_\_\_

General physical and emotional status \_\_\_\_\_

Comments \_\_\_\_\_

### Current or on-going treatment or medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF IMMUNIZATIONS (OR ATTACH BLUE FORM)		
Immunization	Primary Series Completed	Last Booster
D.T.P.	_____	_____
Diphtheria	_____	_____
Pertussis (Whooping Cough)	_____	_____
Tetanus	_____	_____
Td	_____	_____
Oral Polio	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Hbpv	_____	_____
Tuberculin Test*	Type _____	_____
	Year Given _____	_____
	Result _____	_____
Other	_____	_____
Other	_____	_____

### ANTICIPATED CONDITIONS AT CAMP

At camp, accommodations are rustic and most facilities are not air conditioned. Campers are required to walk from one activity/area to another, sometimes long distances. In addition to a lot of walking, campers also participate in **strenuous physical activities that are beyond the scope of normal, daily life**. Some of the anticipated activities may include hiking, archery, swimming, canoeing, kayaking, horseback riding, crafts, low ropes/obstacle course, rock climbing, repelling, high ropes course, games, riflery, pedal boating, biking, and tubing.

While the camp is committed to including campers with special needs, campers must be able to change clothes, toilet, shower, and manage personal hygiene without assistance. They must be able to follow directions and function as part of a group. Because the camp experience takes place out-of-doors, campers who are unable to walk long distances over uneven terrain must be equipped with assistance devices suitable for off-road use. Unfortunately, the camp is not able to provide individual staff for those requiring one-on-one assistance. For campers who need individual assistance, families may provide a qualified adult aid.

I understand the anticipated conditions at camp (described above.) After examining \_\_\_\_\_ on \_\_\_\_\_

I find that this individual: \_\_\_\_\_ Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

- Is in satisfactory physical condition and may participate in ALL camp activities.
- Is in satisfactory physical condition and may participate in all camp activities EXCEPT \_\_\_\_\_.
- Is NOT in satisfactory physical condition and should not attend camp.
- Other \_\_\_\_\_.

Licensed Physician\*\* (print): \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Licensed Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\*This Health Exam must be completed and signed by a Licensed Physician, a qualified Nurse Practitioner, a Physician's Assistant, or a Registered Nurse under a Physician's orders.