

YOUTH CAMP HEALTH EXAM/RECORD

FOR CAMPERS AND STAFF

Physical Exams Are Valid For 2 Years From Date of Last Examination

Staff	Please Return Completed Form to the Camp				
		Data of Di	uth	Phone	
				Pnone	
				Telephone	
TO DE				CAL PRACTITI	
IOBE	, COMPLETED	BY THE SPEC	TELED MIEDI	CAL PRACTITI	ONEK:
			Date	of Exam/	_/
May participat	e in all camp activities				
May participat	e except for:				
edical information per	tinent to routine care and em	ergencies:			
this individual taking	prescription or over the cour	nter medication(s)?	S NO If	ves, indicate names of	
edication(s):		nter medication(s): [] YES	P INO II	es, muicate names of	
oes the individual ha		YES NO	Explain:		
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the individual on a	•				
loes the individual h	nya chacial haade?		Hvnlain:		
oes the marviadar n	ave special needs?	YES NO	Explain.		
his camper/staff is	up-to-date on all the foll	owing routine childhoo	d immunizations cur	rently recommended by the	
his camper/staff is	_	owing routine childhoo	d immunizations cur		
his camper/staff is cademy of Pediatri	up-to-date on all the foll	owing routine childhoo	d immunizations cur nization Practices:		
his camper/staff is cademy of Pediatri	up-to-date on all the foll es and National Advisor	owing routine childhoory Committee on Immur	d immunizations curnization Practices: Hepatitis B	rently recommended by the	he American
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Telephone Number

THIS FORM MUST BE STAMPED AND SIGNED BY THE DOCTOR'S OFFICE