



2017 Health Examination Form

Health exam must be completed by approved licensed medical personnel within 12 months of attendance at camp.

The information on this form is not part of the camper acceptance process. It is used by our Camp Health staff and shared with necessary staff members to better help us provide for the health and safety of the camper.

Name _____ Birth date _____ Age at camp _____
Last First Middle

Home address _____
Street City State Zip

Gender: Male Female

Health Care Recommendations by Licensed Medical Personnel

I examined the above child on this date: _____.

BP _____ Weight _____ Height _____

In my opinion, this child is is not able to participate in an active camp program.

This child is under the care of a physician for the following condition(s): _____

Recommendations and Restrictions at Camp

Treatment to be continued at camp:

Medications to be administered at camp AS ORDERED on
Individualized Standing Orders for Over the Counter and Prescription Medications.

Any medically-prescribed meal plan or dietary restrictions:

Known allergies:

Description of any limitation or restriction on camp activities:

Additional information for health care staff at camp:

**Please
Attach
Immuniza-
tion
Record**

| |
|--|
| Signature of Licensed Medical Personnel _____ |
| Printed name: _____ Title _____ |
| Date: _____ Phone: _____ |
| Address: _____ <i>STREET CITY STATE ZIP</i> |