

Camper Name

Session

Birth Date

Gender

# Physician's Examination

HEALTH FORM 

This examination should be performed within 12 months prior to the camp session. Examination for some other purpose within this period is acceptable, and an alternative exam form may be provided. Examination is for determining fitness to engage in strenuous activity.

Height

Weight

Pulse

Blood Pressure

Please rate the following:

V - Satisfactory  
X - Not satisfactory  
O - Not examined

Eyes	Ears	Nose	Throat	Lungs	Heart	Abdomen	Genitalia	Hernia	Extremities	Posture	Skin	Neuro
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## General Appraisal

Please address any concerns from above.

## Medications

Please list any medications the applicant is currently taking.

## Allergies

Please list any allergies the applicant may have.

## Immunizations

Are immunizations up to date?  Yes  No

## Current Medical Problems and Treatments

Use a second sheet if needed.

## Recommendations

List restrictions on the applicant at camp.

I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

I examined the applicant today  Yes  No

Name of Doctor	Signature	Date
Contact Information		

