

— Staff Physical Examination Form —

This form is to be completed by a physician, any restrictions to participation in a physically active camp program must be documented, and a complete record of this staff member's immunizations must accompany this form.

Date of Complete Physical Examination: _____
To be valid this exam must have been completed after June 23, 2013

Name (First and Last): _____

Date of Birth _____ *Date of Last Tetanus* _____

Height: _____ *Weight:* _____ *Blood Pressure:* _____

Significant Medical History _____

Please List All Known Food, Medication, and Environmental Allergies _____

How does the allergy manifest? _____

What triggers the allergy? _____

What is the recommended treatment? _____

Current Medications and Treatments _____

Any medically prescribed meal plan or dietary restrictions (i.e. vegetarian, lactose intolerance)

Examination was normal unless abnormalities are noted here: _____

This patient is fit for unrestricted participation in competitive sports and physical camp activities unless noted otherwise here: _____

Licensed Physician's Signature _____

This Physician can be contacted at:

Name of Practice _____

Address _____

City, ST, Zip _____ *Phone* () _____

Date of Form Completion _____