

~ Physical Examination Form ~

This form is to be completed by the **child's physician**; any restrictions to participation in a physically active camp program must be documented. The camper's physician may substitute his/her own form in the place of this one.

A complete record of this **child's immunizations** must also be provided to the Camp.

Date of Most Recent Physical Examination: _____

To be valid this exam must have been completed within 2 years of enrolled session.

Child's Name (First and Last): _____

Child's Date of Birth _____ **Date of Last Tetanus Shot :** _____

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 _____

Date of Form Completion _____

This Physician can be contacted at:

Name of Practice _____

Address _____

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