

PHYSICAL EXAM FORM

HEALTH CARE RECOMMENDATION BY LICENSED PHYSICIAN:

A physical examination must be current **within 12 months** of participant’s attendance at camp. If a physical has been completed within that time, please arrange for the physician to complete the following information and sign.

Attention Physician’s Office: PLEASE ATTACH IMMUNIZATION RECORDS TO THIS FORM

Name: _____
Last First Middle Initial

Birth Date: _____

The following should be filled out by Medical Personnel

Physical exam done today: Yes No (If “No,” date of last physical: _____)
Month/Day/Year

Height: _____ Weight: _____ BP: _____

Medicines / treatments to be administered at camp only (be specific): No Daily Medications

Allergies (food, drugs, insects, etc.) or medically prescribed dietary restrictions: No Allergies No Diet Restrictions
Food:

Drugs:

Insects/Other: _____

Any limitations or restrictions to activity while at camp? No Yes, (Please add details below):

I have examined the above participant and reviewed his health history, and find that he is able to participate in an active camp program, with any restrictions noted above:

Attention Physician: PLEASE ATTACH IMMUNIZATION RECORDS TO THIS FORM

Signature of Licensed Physician _____

Printed: _____ Title: _____ Date: _____

Office Phone: _____ Evening Phone: _____