

**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:

**Signature of Licensed Physician** \_\_\_\_\_

Printed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Attention Physician: PLEASE ATTACH IMMUNIZATION RECORDS TO THIS FORM**