

Applicant's Name

Session

Birth Date

 Male Female

Physician's Examination

HEALTH FORM 

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height

Weight

Heart

Blood Pressure

Hct/Hgb Test (if appropriate)

Urinalysis

Health Assessment

Please rate the following:

V – Satisfactory
X – Not satisfactory
O – Not examined

Eyes

Ears

Nose

Throat

Extremities

Glasses

Lungs

Genitalia

Abdomen

Hernia

Posture

Skin

 Date of last tetanus shotAre immunizations up to date? Yes No

General Appraisal

Please address any concerns from above.

Allergies

List any allergies the applicant may have, including:

Food
Insects
Medicine
Seasonal/Environmental

Recommendations

List restrictions on the applicant at camp, including:

Special Diets
Current Medications
Swimming/Diving
Strenuous Activity

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 If no, date of examination

Name of Doctor

Signature

Date

Contact Information