

PHYSICAL EXAMINATION - to be filled out by a LICENSED PHYSICIAN
Note: The physical examination portion of the HEALTH FORM is valid for two years.

Date of examination: _____

The applicant is under the care of a physician for the following condition(s) _____

Current Treatment (include current medications) _____

Explanation of any reported loss of consciousness, convulsion, or concussion _____

Does the applicant have epilepsy? yes no

Does the applicant have diabetes? yes no

Recommendations and restrictions while at camp

Any treatment to be continued at camp _____

Any medication to be administered at camp (specific dosages) _____

Any medically prescribed meal plan or dietary restrictions _____

Any allergies (food, drugs, plants, insects, etc.) _____

Activities to be encouraged or limited _____

Additional health information _____

I have examined _____ within the past year.
Name of camper or staff member

In my opinion, the applicant's condition does does not preclude his/her participation in an active camp program.

Name of Practice _____ Phone _____

Address _____ Date _____

Licensed Physician's Signature _____ By _____