



Summer Camp Physical Exam

To be completed by a medical professional

NAME: _____ DOB: _____ SEX: M ___ F ___

PLEASE NOTE: This completed form must be returned to Camp Boggy Creek 3 weeks to your arrival for summer camp. No staff will be accepted until this form has been received and reviewed by our Medical Director.
(THIS FORM IS ONLY REQUIRED FOR SUMMER CAMP!)

Current and Chronic Medical Concerns: _____

Past Medical and Surgical History: _____

Medications: _____

Allergies: _____

Physical Exam

VITAL SIGNS: _____
HEENT: _____
CARDIOVASCULAR: _____
CHEST / LUNGS: _____
ABDOMEN: _____
NEUROLOGICAL: _____
PSYCH / EMOTIONAL: _____
MUSCULOSKELETAL: _____
OTHER: _____

Activity Restrictions: _____

I have examined this person and find him/her physically fit to work at a residential camp. I am aware that this work would include supervision of children on the lakefront, in the pool, on a horse trail, exposure to farm animals, high ropes, excessive heat, long hours, and exposure to stressful situations, both emotional and physical. There are no restrictions that would limit his/her ability to perform the essential functions of his/her job, except as outlined above.

Signature MD/DO/ARNP/PA Print Name Date

Address _____ Phone: _____

_____ Fax: _____