

Becket-Chimney Corners YMCA
748 Hamilton Road
Becket, MA 01223
Ph: (413) 623-8991 Fax: (413) 623-5890

PHYSICAL EXAMINATION REPORT BY PHYSICIAN

In comply with State Regulations and ACA standards, the signature of a licensed medical provider (doctor) and the parents, the insurance and medical information (including immunizations) must be complete before a camper can attend camp. **Full physical exam must be conducted within 18 months prior to the start of camp.

**Doctor may fill out this form or a separate physician's report can be attached.

Participants Name: _____

Pertinent Medical/Psychological History: _____

Allergies/Dietary Restrictions: _____

Height: _____ Weight: _____ Menarche (circle one): yes no not applicable

Medications to be administered at camp (include dose and interval): _____

The participant will be engaging in a physically active program that includes hiking/ walking, swimming, and various outdoor activities.

Are there any restrictions on activities (circle one) yes no

Activity Restrictions (be specific): _____

The following immunizations are required MA Department of Public Health Please attach record or documentation of exemptions.

MMR	2 doses , anyone born in or after 1957. 1 dose, anyone born before 1957 outside the U.S. Anyone born in the U.S. before 1957 is considered immune. Laboratory evidence of immunity to measles, mumps and rubella is acceptable
Varicella	2 doses , anyone born in or after 1980 in the U.S., and anyone born outside the U.S. Anyone born before 1980 in the U.S. is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is acceptable
Tdap	1 dose ; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥ 10 years since Tdap
Hepatitis B	3 doses (or 2 doses of Hepvisav-B) for staff whose responsibilities include first aid ; laboratory evidence of immunity is acceptable

*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

MMR (Measles, Mumps, Rubella) _____ Booster: _____ (Evidence of immunity is acceptable)

Varicella vaccine or disease (N/A if born before 1980) _____ Booster: _____ (Evidence of immunity is acceptable)

Tdap (Tetanus, diphtheria, pertussis) _____

Hepatitis B (for staff whose responsibilities include First Aid & WWT) _____ (Evidence of immunity is acceptable)

COVID-19 BCCYMCA strongly encourages participants to be up-to-date on COVID19 vaccines. Please provide documentation of COVID-19 vaccine and booster records.

BCCYMCA reserves the right to ask employees who are contagious to stay home in order to maintain the health of our community.

TB Risk Assessment (**see attached**)

Most Recent Physical Exam Date: _____

This individual may participate in any and all physical and athletic activities without restriction unless specifically outlined above. Further, to the best of my knowledge. This individual is not suffering from any contagious disease, including tuberculosis, as of the date of this physical exam..

Signature: _____ MD Date signed: _____

Phone: _____ Address _____ Email: _____

March 2023