



**Southern New England Conference
Youth Department Ministries
34 Sawyer St S. Lancaster MA 01561**

978-365-4551

<https://www.sneyouth.com>

HEALTH HISTORY EXAMINATION

To be completed and signed by a licensed physician;

Physical examination is valid for 12 months and must be current on the 1st day of camp. A copy must be brought each year to camp.

Name _____ Age _____ Gender M F Height _____

Weight _____ Blood Pressure _____ Heart _____ Cranial Nerve _____ Eyes _____

Ears _____ Nose _____ Throat _____ Neck _____ Teeth _____ Mouth _____ Skin _____

Lungs _____ Abdomen _____ Hernia _____ Extremities _____ Spine _____

For Females: Is menstrual history normal? _____

List All Known Allergies _____

General Appraisal _____

Special Considerations/Medical Notes: Please provide a comprehensive list of all medications, any restrictions, health issues, recent injuries, and other pertinent information.

Immunizations: We kindly request that you provide the month and year for each immunization received, or alternatively, submit a printed copy of your vaccination records. If you do not possess any vaccination documentation, please include any relevant documents to support your claims. 105 CMR: Department of Public Health 430.153 <https://www.mass.gov/files/documents/2017/09/11/105cmr430.pdf>

Vaccines	Month Year	Month Year	Month Year	Month Year	Month Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)					
Tetanus booster (dT) or (TdaP)					
Mumps, measles, rubella (MMR)					
Polio (IPV)					
Hepatitis B					
Varicella (Chicken Pox)	Had Chicken Pox Date:				

I have reviewed the individual named herein and assessed their health history. In my professional opinion, they are physically capable of participating in camp activities, except as noted above.

Physician's Signature _____ Telephone Number _____

Physician's Name & Address _____ Date _____