

Pre-Camp Physical Form: CAMPER

IMPORTANT: MDA Summer Camp is a weeklong, residential camp experience for kids ages 8-17 living with neuromuscular disease. Campers can expect to participate in daily physical, recreational, adaptive activities in an outdoor camp environment, and to receive care and support from volunteer camp counselors; medical care is provided by the on-site volunteer Medical Team. Every camper applicant must undergo a pre-camp physical examination within 5 months prior to the start of the camp session and submit this form as part of their application. This form must be completed in full and signed by a physician or licensed practitioner familiar with the child's neuromuscular disease and condition, noting their medical opinion about the child's ability to engage in the program, and returned to MDA no later than six (6) weeks prior to the start of the session. Information submitted in this form will assist MDA with understanding the needs of the child and resources required to provide support. Examinations that occurred over 5 months prior to the start of the session, examinations completed by family members, alternate physical exam forms, and MDA Pre-Camp Physical Forms submitted past the 6-week deadline will not be accepted. Immunization Records and Medication Lists are also required components of the camper application; please attach to this form if available.

Completed forms must be uploaded to the applicant's UltraCamp account or emailed to camp@mdausa.org.

DOB/ Age: _____ / _____ Height: _____ Weight: _____ lbs

Neuromuscular Disease: _____

Other Notable Medical Condition or Diagnosis: _____

PHYSICAL EXAM / REVIEW OF SYSTEMS- Note in detail or 'within normal limits'; attach additional notes as necessary.

Pulse:	Blood Pressure:
Respiratory Rate:	Oxygen Saturation:

Ears, Eyes, Nose, Mouth & Throat	(hearing, ringing, ear pain, vision, sinus, mouth sores, facial pain or numbness, communication, etc.)
Cardiovascular	(arrhythmia, cardiomyopathy, blood pressure, pacemaker, defibrillator, central venous catheter, etc.)
Respiratory	(respiratory equipment or therapies, clear, diminished, asthma, prone to or recent pneumonia, etc.)
GI/ GU	(constipation, diarrhea, incontinence, ostomy, feeding tube, food intolerance, dysphagia/ difficulty swallowing, frequent urination, urgency, etc.)
Musculoskeletal	(scoliosis, contractures, fragile bones, recent broken bones, recent spinal surgery with rods, etc.)
Integumentary	(persistent rash, breakdown, etc.)
Neurologic	(frequent headaches or migraines, seizures, etc.)

Camper Name: _____

BEHAVIORAL AND MENTAL HEALTH HISTORY

A child's behavior and mental health contributes to their ability to fully engage in the MDA Summer Camp experience; Note details to assist MDA with understanding the needs and resources required to provide support; attach additional notes as necessary.

Behavioral or Mental Health Complication or Diagnosis	<i>(ADHD, Anxiety Disorder, Autism, Bipolar Disorder, Depression, Developmental Delay, Eating Disorder, OCD, ODD, PTSD, etc.)</i>
Impact on Child's Behavior	<i>(selective mutism, rocking, staring, anxiety, hand flapping, tantrums, screaming, head banging, aggression, overly-affectionate, inappropriate touching, self-injurious behavior, suicidal ideations or plans, etc.)</i>
Treatment Plan	<i>(seen by Behavioral or Mental Health Provider, medication, school behavior intervention plan, coping skills, etc.)</i>

MEDICAL HISTORY

Ambulation	<i>(ambulatory, non-ambulatory, ambulatory but uses a wheelchair as needed, etc.)</i>
Hospitalizations <i>(within 6 months) and/ or</i> Surgical History <i>(as it relates to NMD)</i>	
Other Health Information Relevant to Camp Program Experience	<i>(energy level, appetite, sleep habits, temperature sensitivity, aches and pains, pregnancy, etc.)</i>

MDA SUMMER CAMP PARTICIPATION RECOMMENDATIONS AND/OR RESTRICTIONS

Environment, Nutrition & Programming	<i>(extreme temperatures, sun exposure, high altitudes, strenuous activity, swimming, etc.)</i>
Therapies <i>(attach exercises and/or settings if available)</i>	<i>(physical, respiratory, etc.)</i>

PHYSICIAN OR LICENSED PRACTITIONER SIGNATURE

I have examined the person herein described and have reviewed their health history. It is my opinion that this child is medically and psychologically able to engage in the MDA Summer Camp Program.

: **Immunization Record Attached**

: **Medication List Attached**

I have examined the person herein described and have reviewed their health history. It is my opinion that this child **is not able** to engage in the MDA Summer Camp Program because: _____

Physician/ Licensed Practitioner Signature

Date of Physical Examination

Printed Name

Contact (Email or Phone)

Institution/ Organization/ Practice Name and Address