

CAMPER PHYSICAL

This form is to be completed by a physician familiar with the child's neuromuscular condition who can best determine if the child is medically and behaviorally appropriate to attend MDA's summer camp program. Physician should not be a member of child's family.

Evaluations must take place no earlier than 5 months and no later than eight weeks prior to the start of the camp session.
Example: If camp starts June 1st, the physical cannot be completed earlier than January 1st and no later than April 6th

If this physical form is not completed and returned to MDA at least eight (8) weeks before the start of the camp session, the child will be refused admission to camp. All sections of the pre-camp physical **MUST** be completed.

BASIC INFORMATION:

Age: _____ Height: _____ Weight: _____ Neuromuscular Disease: _____

Pulse: _____ Respiratory Rate (resting): _____ Blood Pressure (sitting, resting): _____

RECOMMENDATIONS AND/OR RESTRICTIONS WHILE AT CAMP

Participation involves group living and activities in an outdoor setting and a high level of physical activity.

Cardiac:	
Pulmonary:	
Special Diet:	
Strenuous Activity	
Swimming:	
Therapy: (physical, respiratory, etc.)	
Tolerate high altitudes?	
Other:	

MENTAL HEALTH HISTORY

Please include any known details, including current treatment, therapies and medications.

History of depression	Yes	No	
History of anxiety	Yes	No	
ADHD	Yes	No	
Autism	Yes	No	
Other: (specify)			

Camper Name: _____

STATUS AND ESSENTIAL FINDINGS

Ambulation	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Non-ambulatory <input type="checkbox"/> Ambulatory, but uses a wheelchair as needed
Cardiac	<i>Rhythm:</i> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Rapid <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Murmur <i>Additional findings:</i>
Ears / Hearing	<i>Please note any type of impairment:</i>
Eyes / Vision	<input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <i>Additional findings:</i>
GI / GU	<i>Prone to:</i> <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Incontinence <input type="checkbox"/> Has Feeding Tube <i>Additional findings:</i>
Mouth / Teeth	<input type="checkbox"/> Contracture of Temporomandibular Joint <input type="checkbox"/> Dysphagia <i>Additional findings:</i>
Musculoskeletal	<input type="checkbox"/> Scoliosis <input type="checkbox"/> Contractures <input type="checkbox"/> Fragile bones <input type="checkbox"/> Recent broken bone(s) <input type="checkbox"/> Recent spinal surgery w/rods <i>Additional findings:</i>
Neck / Thyroid	<i>Please note any type of impairment:</i>
Neuro	<i>Prone to:</i> <input type="checkbox"/> Seizures <input type="checkbox"/> Migraines <i>Additional findings:</i>
Respiratory	<i>Lungs:</i> <input type="checkbox"/> Clear <input type="checkbox"/> Diminished (circle which): Left Right Both <input type="checkbox"/> Has Asthma <input type="checkbox"/> Prone to pneumonia <input type="checkbox"/> Recent pneumonia <i>Additional findings:</i>
Skin	<input type="checkbox"/> Rash <input type="checkbox"/> Breakdown <i>Describe:</i> <i>Additional findings:</i>
Hospitalizations	<i>Any hospitalizations in the last six months?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnancy	<i>Is the Camper pregnant?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

A PHYSICIAN MUST SIGN AND DATE IN THE SPACES PROVIDED BELOW

I have examined the person herein described and have reviewed his/her health history. It is my opinion that this child is medically and emotionally able to engage in the MDA Summer Camp Program (i.e., daily physical activity time spent in a camp environment outdoors, and participation in adaptive sports and activities), except as noted above.

Yes No If NO, please explain: _____

Physician/Medical Professional Signature

Date

Printed Name

Phone Number

Practice Address: _____