

Camper Applicant Name: _____



MDA Summer Camp- 2026

Health Form: CAMPER

IMPORTANT: MDA Summer Camp is a weeklong, residential camp experience for kids aged 8-17 living with neuromuscular disease. Campers can expect to participate in daily adaptive, recreation activities in an outdoor camp environment with support from volunteer camp counselors and the on-site volunteer Medical Team. Applicants must arrange for a physician or licensed practitioner familiar with their neuromuscular disease to complete this form in full and return by the established deadline. The information provided must be based on an examination that took place within 12 months prior to the start of the camp session and must note their medical opinion about the applicant's ability to engage in the program. This information will assist MDA and the volunteer Medical Team with understanding the camper applicant's needs and the resources required to provide support.

Examinations that occurred over 12 months prior to the start of the session, examinations completed by family members, alternate physical exam forms, and forms submitted past the 6-week deadline will not be accepted. Immunization records and a prescribed medication list (including any routine over the counter medications and medically necessary probiotics, vitamins, etc.) are also required components of the camper application; please attach to this form if available. It is also recommended to attach the most recent visit summary. In the event there is a significant change in the camper applicant's health after the form is signed, additional documentation may be requested. Completed forms may be 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	(arrythmia, 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 Applicant 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, able to bear weight, 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 CLEARANCE

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 : Prescribed Medication List Attached : After Visit Summary 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

Date Form Completed

Institution/ Organization/ Practice Name and City/ State