

Child's Name: \_\_\_\_\_



**MDA SUMMER CAMP: PRE-CAMP PHYSICAL**  
**(Physician should not be a member of child's family.)**

This section 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. This evaluation must take place no more than three months prior to the camp session and more recently if the child's health so requires. If this physical form is not completed and returned to MDA at least four 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.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Type of Neuromuscular Disease: \_\_\_\_\_  
Pulse: \_\_\_\_\_ Resp. Rate (resting): \_\_\_\_\_ Blood Pressure (Resting, Sitting): \_\_\_\_\_

**STATUS AND ESSENTIAL FINDINGS**

Neuro	Seizures <input type="checkbox"/> Migraines <input type="checkbox"/> Additional findings:
Eyes/Vision	Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Additional findings:
Mouth/Teeth	Contracture of Temporomandibular Joint <input type="checkbox"/> Dysphagia <input type="checkbox"/> Additional findings:
Ears/Hearing	
Neck/Thyroid	
Respiratory	Lungs: Clear <input type="checkbox"/> Diminished: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Asthma <input type="checkbox"/> Prone to pneumonia <input type="checkbox"/> Recent pneumonia <input type="checkbox"/> Additional findings:
Cardiac	Regular rhythm <input type="checkbox"/> Irregular rhythm <input type="checkbox"/> Rapid <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Murmur: <input type="checkbox"/> Additional findings:
GI/GU	Prone to constipation <input type="checkbox"/> Prone to diarrhea <input type="checkbox"/> Incontinent <input type="checkbox"/> G-tube <input type="checkbox"/> Additional findings:
Skin	Rash <input type="checkbox"/> Breakdown <input type="checkbox"/> Describe: Additional findings:
Musculo Skeletal	Scoliosis <input type="checkbox"/> Contractures <input type="checkbox"/> Recent broken bone(s) <input type="checkbox"/> Recent spinal surgery w/rods <input type="checkbox"/> Fragile bones <input type="checkbox"/> Fully ambulatory <input type="checkbox"/> Ambulatory but uses a wheelchair as needed <input type="checkbox"/> Non-ambulatory <input type="checkbox"/> Additional findings:
Psychological:	History of depression <input type="checkbox"/> Anxiety <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Additional findings:

Any hospitalizations within the last 6 months? Yes  No

Neurologic Exam: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**RECOMMENDATIONS AND/OR RESTRICTIONS WHILE AT CAMP**

*Participation involves group living and activities in an outdoor setting, a high level of physical activity, adaptive sports, and swimming. At a limited number of camps, campers may be exposed to high altitude.*

Cardiac:	
Pulmonary:	
Special Diet:	
Therapy (phys., resp., etc.):	
Swimming:	
Strenuous Activity:	
Other:	
Medication(s):	

Can the child tolerate high altitudes? (If applicable):      YES      NO (CHOOSE ONE)

**NOTE TO PHYSICIAN:**

1. The above named person wishes to participate as a camper at the Muscular Dystrophy Association Summer Camp. In your medical opinion, is MDA camp an appropriate environment for this child?  
 YES      NO (CHOOSE ONE)
2. I have examined the person herein described and have reviewed his/her health history. Is it your opinion that this child is medically and emotionally able to engage in camp activities (i.e., daily physical activity and adaptive sports), except as noted above?      YES      NO (CHOOSE ONE)

If NO, please explain:

\_\_\_\_\_

**A PHYSICIAN MUST SIGN AND DATE IN THE SPACES PROVIDED BELOW**

**\*Physician should not be a member of child's family.**

Physician/Medical Professional's Signature		Date
Printed Name		Phone Number
Address		
City	State	Zip