CAMP ONE STEP by CHILDREN'S ONCOLOGY SERVICES

PLEASE fill out ALL pages of the application COMPLETELY and PRINT CLEARLY

Physical Examination - To be completed by the Physician/Advanced Practice Provider

Name	First MI Last			**Exam Date**	Month Day Year		
Diagnosis				DOB	Month Day Year		
Initial date of diagnosis	Month Day Year	Height (cm)		Weight (kg)		Blood Pressure	
Currently on therapy for cancer?		**If yes, please attach a copy of the child's road map.**		If no, when was therapy completed?			
Treatment protocol							

	Normal	Abnormal	Comment (required if abnormal)
General			
Skin			
HEENT			
Lungs			
Heart/CV			
Abdomen			
Extremities			
Neurological			
Other			

ALLERGIES: (If more space is needed, please attach additional page(s) and continue)			
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

LABORATORY VALUES: ☐ N/A

	Normal	Abnormal	Comment (required if abnormal)
CBC			
Chemistries			

LABORATORY ORDERS:

If the camper requires labs to be drawn during a Camp One Step camp, please send detailed lab orders with contact information to the attention of the Camp One Step Medical Director via fax to **(312) 878-7374**.

Medical Devices			
Port		Omaya Reservoir	
Hickman/Broviac/PICC Line		NG Tube	
VP Shunt		G-Tube	
Other: _____			

Health Issues			
Cytopenias (specify below)	☐	Clotting Disorder	☐
Seizures	☐	Chronic Pain	☐
Peripheral Neuropathy	☐	Nutritional Concerns	☐
Avascular Necrosis	☐	Mobility Issues	☐
Autism	☐	Cognitive Issues	☐
ADD	☐	Anxiety	☐
Bleeding Disorder	☐	Depression	☐

Other Concerns (or explain from above):

_____

_____

MEDICATIONS: (Please include routine and PRN medications.)

☐ **See Attached**

Medication	Dose	Route	Frequency

Camp Approval (please ✓ the appropriate camps) **Note: You may approve multiple camps.**

On the basis of this examination, I approve this child's participation in the following Camp One Step camps(s):

☐ Utah Ski Camp ☐ Day Camp ☐ Summer Camp

☐ Adventure Camp ☐ Dude Ranch Camp ☐ Winter Camp

Please indicate restrictions (if any):			
☐	No Restrictions	☐	No Tubing or Sledding
☐	No Contact Sports	☐	No Downhill Skiing or Snowboarding
☐	No High-Impact Sports	☐	Other: _____

This physical exam may serve for any Camp One Step camp within a year of the exam date, **if the camper has completed treatment for cancer, and IF the camp(s) the child is planning on attending are checked for approval by the clinician**.

Physician/APP Signature	_____ Date (Mo – Day - Yr)