

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)	
Currently on therapy for cancer?	If yes, please attach a copy of the participant'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 participant 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		Omay 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, if applicable.

On the basis of this examination, I approve this participant’s participation in the following Camp One Step camp(s):

Seabees Leadership Program

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 participant has completed treatment for cancer, and IF the camp(s) the participant is planning on attending are checked for approval by the clinician.**

<div>Physician/APP Signature</div>	<div></div> <div>Date (Mo – Day - Yr)</div>
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