



HOPE SHORES

BIBLE CAMP + RETREAT CENTER

Annual Physical Examination Form

***This form must be completed by a physician (MD or DO), PA, Nurse Practitioner (NP) within 12 months of when your camper attends camp**.*

Name of camper: _____ Sex: M F

Height: _____ Weight: _____ BP: _____ Pulse: _____

Review of Systems:

Skin & Nails _____ Abdomen _____ HEENT _____

Genitalia _____ Neck _____ Musculoskeletal _____

Cardiovascular _____ Neuro _____ Respiratory _____

Lymphatics _____

Restrictions (if any): _____

Any evidence of contagious disease? Yes No If yes, please advise: _____

Allergies: _____ Other: _____

I have completed the necessary tests to determine the health condition of this person and find him/her fit to participate in camp activities.

SIGNATURE OF PHYSICIAN _____ **Date** _____