



Becket-Chimney Corners YMCA
 748 Hamilton Road
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PRE-CAMP PHYSICAL EXAMINATION BY PHYSICIAN

****PLEASE READ****

****In accordance with STATE LAW and ACA standards, the signature of the physician and the parents, and insurance and medical information (including immunizations) must be complete before a staff member can be admitted into camp.**

****Full physical exam must be within two years of arrival at camp.**

****Doctor may fill out this form or a separate physician's report can be attached.**

Staff Member's Name: _____

Pertinent Medical/Psychological History: _____

Height: _____ Weight _____ Allergies/Dietary Restrictions _____

This person will be employed in a resident camp setting in a physically and emotionally demanding position supervising the health and well being of children. Are there any restrictions on activities related to the essential functions of this type of job? € No € Yes. Please describe restrictions: _____

Immunizations (include date series completed or attach record)

DTP/DTaP _____ MMR _____ Booster _____
 OPV/IPV _____ Varicella vaccine or disease _____ Booster _____
 TdB/Tdap _____
 Hepatitis A _____ Hepatitis B (if born after 1/1/92) _____
 Meningoccal _____ TB Risk Assess _____

Most Recent Physical Exam Date: _____

HEENT: Genitalia: Abdomen:
 Chest/Heart: Extremities: Neuro: Skin:

This patient is now fully immunized as dated above (or attached) and may participate in any and all physical and athletic activities without restriction unless specifically outlined above.

Signature _____ MD Date signed: _____ Phone: (_____) _____
 Address _____ Email: _____