

Becket-Chimney Corners YMCA
748 Hamilton Road
Becket, MA 01223
Ph: (413)-623-8991 Fax: (413)-623-5890

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 camper can be admitted into camp.

**Full physical exam must be within one year of arrival at camp.

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

Camper's Name: _____

Pertinent Medical/Psychological History: _____

Allergies: _____

Height: _____ Weight _____ Menarche (girls): Yes No

Medications to be administered at camp (include dose and interval):

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.

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

Address _____ Email: _____