Physical Exam

Colorado Law requires proof or a physical within the last 12 months. A copy of a recent physical, or a school or Sports physical may be used in place of this form. Please provide a copy for us since we place previous records in permanent storage at the end of each summer.

Name of Camper			Sex	Age	Cabin	Sessions
Height	Weight	_ Blood Pressure	HGB. T	est	Urinal	ysis
Еуе	Ears	_ Nose	Throat		Teeth	
Lungs	Abdomen	_ Hernia	Extremities		Posture(Spine)	
Allergy: (Please specify)			Heart		Skin	
General Ap	praisal:					
For girls and women: Has this per			rson menstru	ated?		
If not, has she been told about it?		If so, is her menstrual history normal?			al?	
Special con	siderations:					

Special Medical Notes: (allergies, medications, restrictions, problems, recent injuries, etc.)

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities except as noted above.

Examining Physician	Telephone		
Address	Date		

Infirmary Log

Date	Record of Visit (to include illness/injury & treatment	Signed