

~ Physical Examination Form ~

This form is to be completed by the **child's physician**; any restrictions to participation in a physically active camp program must be documented. The camper's physician may substitute his/her own form in the place of this one.

A complete record of this **child's immunizations** must also be provided to the Camp.

**Date of Most Recent Physical Examination:** \_\_\_\_\_  
To be valid this exam must have been completed after August 4, 2014

**Child's Name (First and Last):** \_\_\_\_\_

**Child's Date of Birth** \_\_\_\_\_ **Date of Last Tetanus Shot :** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Blood Pressure:** \_\_\_\_\_

**Significant Medical History** \_\_\_\_\_  
\_\_\_\_\_

**Please List All Known Food, Medication, and Environmental Allergies** \_\_\_\_\_  
\_\_\_\_\_

**How does the allergy manifest?** \_\_\_\_\_

**What triggers the allergy?** \_\_\_\_\_

**What is the recommended treatment?** \_\_\_\_\_

**Current Medications and Treatments** \_\_\_\_\_  
\_\_\_\_\_

**Any medically prescribed meal plan or dietary restrictions (i.e. vegetarian, lactose intolerance)**  
\_\_\_\_\_

**Examination was normal unless abnormalities are noted here:** \_\_\_\_\_  
\_\_\_\_\_

**This patient is fit for unrestricted participation in competitive sports and physical camp activities unless noted otherwise here:** \_\_\_\_\_  
\_\_\_\_\_

**Licensed Physician's Signature** \_\_\_\_\_

**Date of Form Completion** \_\_\_\_\_

**This Physician can be contacted at:**

**Name of Practice** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ **Phone (      )** \_\_\_\_\_