



# 2024 Camp Kudzu Signed Health Exam

This form must be completed and returned before your child or children with type 1 diabetes can attend a camp session. Please have this form completed by a licensed healthcare professional in your child's endocrinologist's office. We can no longer accept forms completed by pediatrician offices. Thanks for your understanding!

Camper/Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

I examined the above-named camper on \_\_\_\_\_ (date).  
*\*THIS FORM IS VALID FOR ALL CAMP PROGRAMS WITHIN 9 MONTHS OF EXAMINATION DATE LISTED ABOVE*

Patient's most recent HbA1C: \_\_\_\_\_ Date measured: \_\_\_\_\_

### Insulin Prescriptions (Please check all that apply):

<input type="checkbox"/> Humalog	<input type="checkbox"/> Lantus	<input type="checkbox"/> Other (please list): -
<input type="checkbox"/> Novolog	<input type="checkbox"/> Levemir	
<input type="checkbox"/> Apidra	<input type="checkbox"/> Basaglar	
<input type="checkbox"/> Admelog	<input type="checkbox"/> Tresiba	

### Camp Clearance (Please check one):

- In my opinion the camper is **physically and emotionally** able to participate in an active camp program with *no restrictions or modifications*.
- In my opinion the camper is **physically and emotionally** able to participate in an active camp program with the following modifications or restrictions: \_\_\_\_\_
- I do not recommend this patient for an active camp program due to: \_\_\_\_\_

### Other Important Health Information (Please complete all that apply):

- This patient is being treated for the following condition(s) other than diabetes: \_\_\_\_\_
- Camp Kudzu should be aware of the following things as it relates to this patient (i.e. falsifies BGs, recent struggles with mental health/burnout, etc.): \_\_\_\_\_

**\*\*PLEASE NOTE THAT THIS INFORMATION IS USED TO HELP PREPARE CAMP KUDZU TO SERVE EACH CHILD TO THE BEST OF OUR ABILITY**

Physician's full name (printed): \_\_\_\_\_

Address: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If completed by diabetes educator, nurse practitioner, or physician's assistant, please sign and date:*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Camp Kudzu  
EMAIL: [registration@campkudzu.org](mailto:registration@campkudzu.org)  
FAX: 404.250.1812