

CAMP WAMP 2019

CAMPER/CIT PHYSICAL FORM

To Physicians and Their Staff:

This person is a camper at Camp Wamp. The job includes physical activity such as lifting, hiking, and canoeing, and requires the individual to be outside in a variety of weather conditions. Our staff use the information provided on this form to guide their interface with the camper. If you question the person's suitability for their participation, please talk with them and/or their parent/guardian about your concerns and develop a plan to address that concern. You can also speak to one of our camp professionals by calling 530.721.6369. Thank you!

Name of Camper: _____ Date of Birth: _____

Date of Examination: _____ Height: ____ ft ____ in Weight: _____ Blood Pressure: _____ / _____

The following medications are stocked in our Health Center and will be used to manage illness and/or injury.

CROSS OUT any that are contraindicated for this person.

- Acetaminophen
- Aloe
- Bismuth Chew Tabs
- Calamine Lotion
- Chlorpheniramine maleate
- Diphenhydramine
- Epinephrine
- Guiafenesin DM
- Hydrocortisone Cream
- Ibuprofen
- Kaopectate
- Cough Drops
- Ivy Dry
- Nix
- Tolnaftate
- Topical Antibiotic Cream
- Pseudoephedrine
- Silver Sulfadiazine

Doctor's Signature:

PRINTED NAME (or Stamp):

Date: _____

By signing this form, you are stating that, in your opinion, this person is both physically and emotionally ready to participate at our camp except as noted in your comments.

1. List the chronic health problems of this person:

- None Asthma Diabetes Allergies
- Other: _____

2. List the prescription medication(s) this person will take while at camp. None needed while at camp

- a. _____
- b. _____
- c. _____
- d. _____

3. List ALL patient allergies, known reactions and best course of treatment upon exposure. No known allergies

- a. _____
- b. _____
- c. _____
- d. _____

Note: We expect the person will have an EpiPen and know how to use it if anaphylaxis is a known reaction.

4. Describe other treatments needed by this person while at camp to perform their job duties. None needed

5. Describe any significant physical findings regarding this person and/or describe any limitations that may impact the performance or participation. No significant findings

6. If you feel we have neglected to ask something you feel is needed to adequately address this person's health, please add comments below. No additional comments
