YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS & STAFF

Physical exams are valid for 3 years from date of last examination

☐ Staff				_		•
Name				Date of birth	Sex	_ Phone
Guardian				Address		
Emergency C	Contact T	Гelephon	ne			
						RACTITIONER:
N	1ay parti	icipate i	in all camp activities	3	Date of Ex	:am//
N	lay parti	icipate e	except for:			am//
Medical infor	mation	pertiner	nt to routine care & e	emergencies:		
						If YES, indicate names of
Does the marv Is the individu	al on a st	e anergi necial di	et? NO YF	2S, Explain: ES Explain:		
Does the indiv	ridual hav	ve specia	al needs? 🖵 NO 🖵 YE	ES, Explain:		
This camper/st	taff is up-	-to-date o	on all the following ro	outine childhood im	nmunizations curr	rently recommended by the
American Aca	demy or	Pediatric	cs and National Adviso	ory Committee on i	mmunization Fia	actices:
	YES	NO		YES	NO	
Measles			Hepatitis B			
Mumps	†		Diphtheria			
Rubella			Pertussis			
Chickenpox			Pneumococcal conju	ugate		
Tetanus			Polio			
Comments						
Print name of						-
Medical care p	rovider's	s address	s:			
Medical care r	rovider'	s City/To	own	ST.	Zin Code	Phone#
Signature of	Physicia	n, PA, A	APRN, or RN :		Γ	Date form Signed
			,			
Additional co	mments	informa	ation from parent/guard	dian:		