

Medical Examination-to be filled out by a licensed physician

This examination should be performed within 24 months of arrival at camp. Examination for some other purpose within this period is acceptable (i.e. school physical, sports physical). **We accept copies of physical forms.**

Name _____	DOB _____	
I examined this individual on _____.		
Month/Day/Year		
BP _____	Weight _____	Height _____
The applicant is under the care of a physician for the following conditions:		

<u>Recommendations and Restrictions at Camp</u>
Treatment to be continued at camp: _____ _____
Medications to be administered at camp (name, dosage, frequency): _____ _____
Known allergies: _____ _____
Description of any limitation or restriction on camp activities: _____ _____
Additional information for health care staff at the camp: _____ _____

In my opinion, the above applicant is or is not able to participate in an active camp program.

<i>Signature of Licensed Medical Personnel</i> _____	
<i>Printed Name</i> _____	<i>Title</i> _____
<i>Address</i> _____	
<i>Phone</i> _____	<i>Date</i> _____