



## Camp Sun 'N Fun 2019 Physical Examination Form

Camper's Name: \_\_\_\_\_

Male or Female      Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Examining Physician: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### HEALTH HISTORY

Date of Last Tetanus/Booster: \_\_\_\_\_ Month/Year

(You may write "Unknown" or "None", but an answer is required)

### DISEASES

	Y	N	Date		Y	N	Date
Chicken Pox				Heart Defect/ Disease			
Measles				Diabetes			
German Measles				Bleeding/Clotting Disord.			
Mumps				Hepatitis			
Asthma				Other			

Is the camper's immunization record up to date?      Yes    No

### ALLERGIES

	Y	N		Y	N
Hay Fever			Penicillin		
Poison Ivy, etc.			Foods		
Insect Bites			Other		

Food Allergies: \_\_\_\_\_

Operations or serious injuries (please include dates): \_\_\_\_\_

Seizure Disorder: Yes    No    Type: \_\_\_\_\_ Normal Duration: \_\_\_\_\_



MEDICAL EXAMINATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_

Eyes: \_\_\_\_\_ Neurological: \_\_\_\_\_

Nose: \_\_\_\_\_ Cardio & Vascular: \_\_\_\_\_

Throat: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_ Skin: \_\_\_\_\_

MEDICATIONS

Rx and Regular OTC, use separate sheet if needed

Medication	Dose	Route	Frequency	Reason	Date Started

Recommendations or restrictions while at camp: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge I verify that the above named camper is physically able to engage in program activities, except as noted above and is free of any contagious or communicable diseases.

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
Date

