



Camp Sun 'N Fun 2021 Physical Examination Form

Camper's Name: _____

Male Female Non-Binary 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 or 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 or No Type: _____ Normal Duration: _____



MEDICAL EXAMINATION

Height:_____Weight:_____T:_____P:_____R:_____BP:_____

Eyes/Nose/Throat: _____

Skin: _____

Musculoskeletal:_____

Mental/Neuro: _____

Cardio & Vascular:_____

Abdomen: _____

MEDICATIONS

Rx and Regular OTC, use separate sheet if needed

Medication	Dose	Route	Frequency	Reason	Date Started

ACTIVITY RESTRICTIONS

	Yes	No
Outdoor Sports		
Sun/Heat Tolerance		
Swimming		
Performing Arts/Dancing		
Nature/Outdoor Activities		
Extensive Walking		

Recommendations or restrictions for any of the above activities 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

