



2024
YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF

Physical Exams Are Valid For 3 years
 From Date of Last Examination

- Camper
 Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
 Guardian _____ Address _____
 Emergency Contact _____ Telephone _____
 Date of Arrival at Camp _____ Departure Date _____

A new health form must be submitted every year.

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRATITIONER:

Date of Exam ____ / ____ / ____

_____ May participate in all camp activities
 _____ May participate except for: _____

Medical information pertinent to routine care and emergencies _____

Is this individual taking prescription or over-the-counter medication(s)? YES NO If yes, indicate names of medication(s): _____
 Does the individual have allergies? YES NO Explain: _____
 Is the individual on a special diet? YES NO Explain: _____
 Does the individual have special needs YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chicken Pox			Polio		
Tetanus					

Comments: _____

Print name of medical provider: _____
 Medical care provider's address: _____
 Medical care provider's: City/Town _____ ST _____ Zip Code _____

 Signature of Physician, PA, APRN or RN

 Date Form Signed