



Physician's Examination

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Applicant name _____ Date of Birth _____

Height	Weight	Pulse	BP	Hct/Hgb Test (if appropriate)	Urinalysis
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Health Assessment

Please rate the following:

S: Satisfactory
X: Not satisfactory
/: Not examined

- | | | |
|---------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Extremities | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Lungs | <input type="checkbox"/> Posture |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Genitalia | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Throat | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Glasses |

Date of last tetanus shot: _____ Are immunizations up to date? Yes No

General Appraisal

Please address any concerns, from above.

Allergies

List any allergies the applicant may have, including:

- Food
- Insects
- Medicine
- Seasonal/Environmental

Recommendations

List restrictions on the applicant at camp including:

- Special Diets
- Current Medications
- Swimming/Diving
- Strenuous Activity

I have examined the applicant named above and have reviewed their health history. It is my opinion that this person is physically able to engage in camp activities except as noted above.

I examined the applicant today Yes No If no, date of examination _____

Name of Doctor _____ Signature: _____ Date _____

Contact information: _____