

WE MUST HAVE THIS FORM
ON FILE FOR ALL HOT
ZONE, FUN BUNCH &
GYMNASTICS CAMP
ATTENDEES.

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

Please Return Completed Form to Office

- Camper
 Staff

Name: _____ Date of Birth: _____ Phone: _____
Guardian: _____ Address: _____
Emergency Contact: _____ Phone: _____
Date of Arrival: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

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 medication? YES NO

If yes, indicate prescription: _____

Does this individual have allergies? YES NO Explain: _____

Is this individual on a special diet? 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		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST: _____ Zip Code: _____

Signature of Physician, APRN or PA: _____

Date Form Signed: _____ Telephone Number: _____