

**This side is to be filled out by a licensed physician
or you may attach the physician's own form.**

Camper's Name _____

Immunization History please record all dates (month and year) of immunizations and most recent booster doses.

Date of last physical exam: _____

must be within 24 months of child's attendance at camp.

Height _____ Weight _____ Blood Pressure _____

VACCINES	Month/Yr	Month/Yr	Month/Yr	Month/Yr	Month/Yr
DPT <small>Diphtheria, Pertussis, Tetanus</small>					
TD <small>Tetanus, Diphtheria</small>					
Tetanus					
Polio					
MMR <small>Measles, Mumps, Rubella</small>					
Measles, 2nd shot required					
Chicken Pox					
Tuberculin Test					
HB (Haemophilus influenza)					
Hepatitis B					
Other					

Is the applicant currently under the care of a physician? If yes, why. _____

Allergies (food, drugs, insects, etc.) _____
 Child's reaction/treatment to above _____

Current medications: _____
If a camper will be taking medication during the camp day, a medication order (located in the parent packet) must be completed and signed by the physician. A parent must bring the medication to the camp nurse in the original container with doctor's prescription on it.

Recommendations and/or restrictions while in camp:
 Dietary _____
 Swimming _____
 Strenuous Activity _____
 Physical, mental, or psychological conditions requiring medication, treatment, or special considerations while at camp _____

I have examined the child herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in all camp activities, unless otherwise noted above.

Licensed Physicians Signature: _____
 Address _____ Phone _____
 Date of Form Completion _____

For Camp Use Only	
Date Screened: _____	Screened By _____
Additional Notes: _____	