CAMPER MEDICAL FORM PERSONAL AND CONFIDENTIAL

INFORMATION TO BE COMPLETED BY **LICENSED PHYSICIAN**

Patient Name _____ Exam Date _____

Sex _____ Age _____ Height _____

Weight _____ B/P _____ Urinalysis _____

Immunizations: Please record the Month and Year of basic inoculations and most recent booster dates.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diptheria Pertussis (Whooping Cough) DPT* Tetanus OR	1. 2. 3.	1. 2.
Tetanus TD* Diptheria OR		
Tetanus		
Oral Polio (Salk)		
Measles (hard measles, red measles, rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given L_____ (most recent)		
Haemophilus influenza b (HIB)		
Hepatitis B		

Chronic or Reoccurring Illness: _____ Allergies (food, plants, insects, etc.): _____

Recent Serious Injuries: _____ Activity Restrictions: _____

Current medications – necessary meds only (needed at camp)
Medications needs to be in labeled packaging, e.g, you cannot bring pills in a zip lock bag without the original bottle
Please list each medication, dose, frequency and duration:

1. _____
2. _____
3. _____

I have examined the person described herein. In my opinion, he/she is physically able to engage in regular camp activities, except as noted above.

Physician Signature _____ Printed Name _____

Date _____ Phone _____