



PHYSICAL EXAMINATION
(To be filled out by Physician—please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information that will help to serve the needs of this child in summer camp.

IMMUNIZATION HISTORY—This is a record of dates of basic immunization and most recent booster doses.

DPT or DT or TD Date Date Date Date Date
Polio Date Date Date Date Date
Measles Date
Rubella Date (PPD – MANTOUX)
Mumps Date Tuberculin Test Given (most recent) Result

MEDICAL EXAMINATION—To be filled out by licensed physician. Examination is acceptable when performed no more than 12 months prior to arrival at camp.

CODE: S = Satisfactory X = Not Satisfactory (Explain) O = Not Examined

General Appearance:

Height: Weight: Blood Pressure: Hgb. Test:
Urinalysis: Posture & Spine: Throat – Tonsils:
Eyes: Vision: Glasses Extremities: Heart
Ears: Hearing: Feet: Lungs: Skin:
Nose: Teeth: Abdomen: Hernia: Genitalia:

Allergy (please specify):

Neurological Findings:

Describe Abnormal Findings and/or Handicapping Conditions:

Has child ever received products containing horse serum?

Recommendations and restrictions while in camp:

Special Diet:

Special Medicine (name it):

Is parent / guardian sending special medicine?

Swimming: Diving:

Strenuous Activity

General Appraisal:

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in summer camp, except as noted above.

Examining Physician (Signature):

Physician's Name (please print):

Address:

Phone:

Date of Examination:

Note: All medication sent to camp MUST be labeled by a pharmacy. We cannot administer medication that is not properly labeled.