



Health History and Examination Form

This portion to be filled out by a parent and checked by physician at the time of examination:

Campers Name _____ Date of Birth _____ Age _____

Parent or Guardian _____

Health History (Answer Yes/No. Give dates if applicable)

	Frequent Ear Infection		Hay Fever		Chicken Pox
	Heart Disease		Poison Ivy		Measles
	Epilepsy		Insect Stings		Diabetes
	German Measles		Penicillin		Mumps
	Bleeding/Clotting Disorders		Other Drugs		Asthma

Operations or Serious Injuries (dates) _____

Chronic or Recurring Illness _____

Suggestions on health related information to be shared with appropriate staff members _____

Parents Authorization: This health history is correct as far as I know, and the person herein described has the permission to engage in all prescribed camp activities, excepted as noted by the examining physician and me.

Signature of Parent or Guardian _____



Health History and Examination Form

This portion to be filled out licensed physician:

Please record the date (month & year) of basic immunizations & most recent booster doses.

Vacines	Month/Yr	Month/Yr	Month/Yr	Month/Yr	Month/Yr
DPT					
TD					
Tetanus					
Polio					
MMR					
Measles - 2nd					
Tuberculin					
HB					
Other					

Date of last physical examination: _____
 (must be within 12 months of child's attendance at camp)

Height _____ Weight _____ Blood Pressure _____

Allergies (food, drugs, insects) _____

Current Medications _____

Will they be taken at camp? _____

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

Restrictions _____

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

Licensed Physician's Signature _____ Date _____

Address _____ Phone _____