

Health History

(check and give approx. date)

Allergies \_\_\_\_\_

Hay Fever: \_\_\_\_\_ Poison Ivy: \_\_\_\_\_

Insect stings: \_\_\_\_\_ Asthma: \_\_\_\_\_

Penicillin: \_\_\_\_\_ Other Drugs: \_\_\_\_\_

Previous Head injury: \_\_\_\_\_

Date of last DT Booster: \_\_\_\_\_

Operations and serious  
injuries: \_\_\_\_\_

\_\_\_\_\_

Chronic or recurring illness: \_\_\_\_\_

Other diseases or details of above: \_\_\_\_\_

\_\_\_\_\_

Family Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Any specific activities to be encouraged  
restricted? \_\_\_\_\_

**IMPORTANT:**

Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

Medical Examination:

All campers must have medical-physical form on file with us to participate. A completed copy of the past year's high school or junior high physical form is acceptable.

The examination should be performed prior to arrival at camp. This examination is for determining fitness to engage in strenuous activities.

To Be Filled Out by Physician:

CODE: V-Satisfactory; X-Unsatisfactory (explain); O-Not examined.

Height:\_\_\_\_\_ Weight:\_\_\_\_\_ BP:\_\_\_\_\_

Eyes:\_\_\_\_\_ Glasses:\_\_\_\_\_

Ears:\_\_\_\_\_ Nose:\_\_\_\_\_

Throat:\_\_\_\_\_ Heart:\_\_\_\_\_

Lungs:\_\_\_\_\_ Genitalia:\_\_\_\_\_

Abdomen:\_\_\_\_\_ Hernia:\_\_\_\_\_

Extremities: \_\_\_\_\_

Posture:\_\_\_\_\_

Allergies(specify):\_\_\_\_\_

Menstrual (females only):\_\_\_\_\_

General appraisal: \_\_\_\_\_

Recommendations & restrictions while in camp? \_\_\_\_\_

Special diet: \_\_\_\_\_

Current medications (parent sending?) \_\_\_\_\_

Swim/Diving \_\_\_\_\_ Other \_\_\_\_\_

I have examined the person herein described and have reviewed their health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

Physician Signature:

