



Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Session Start Date: \_\_\_\_\_

# Health Exam Form

Have your Physician or Nurse Practitioner complete this form each year.

Please upload this completed form to your CampDoc account.

Camper's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Medical Evaluation: \_\_\_\_\_

In my opinion, this person's condition  does  does not allow his/her participation in an active camp program.

Please describe any restrictions for participation: \_\_\_\_\_

Current treatment to be continued at camp (include current medications): \_\_\_\_\_

Explanation of any reported loss of consciousness, convulsion, or concussion: \_\_\_\_\_

This person is allergic to the following (food, medication, etc.): \_\_\_\_\_

Treatment for allergic response: \_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions: \_\_\_\_\_

Any specific safety considerations (no top bunk, lifejacket required while swimming, weight restrictions camper can carry, necessary medications, etc): \_\_\_\_\_

Does this person have epilepsy?  Yes  No

Is this condition able to be controlled by camper?  Yes  No

Does this person have diabetes?  Yes  No

Is this condition able to be controlled by camper?  Yes  No

Does this person have asthma?  Yes  No

Is this condition able to be controlled by camper?  Yes  No

**Immunization History:** Provide the month and year for the tetanus immunization or send print-out from Physician's office.

Date of last Tetanus: \_\_\_\_\_  I Agree all other immunizations are up to date

We want every camper attending camp to have a safe, fun, and enriching experience. Knowing more about your child helps us achieve this. Does your camper have a mental health status or a recent event you would like us to be aware of? What coping strategies work best for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician or Nurse Practitioner Signature: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Clinic Address: \_\_\_\_\_

Date of Form Completion: \_\_\_\_\_