SAMPLE FORM

YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

Physical Exams Are Valid For 3 Years
From Date of Last Examination

				o the Camp	
Name		Date of l	Birth	Phone	
		Address			
то в	E COMPLETE	D BY THE SPEC	HIED MED	CAL PRACTIT	TONER:
			Date	of Exam/_	
	pate in all camp activities				
Medical information p	pertinent to routine care and e	emergencies:			
	g prescription or over the cou	unter medication(s)? YE	S □ NO If	yes, indicate names of	
Does the individual	have allergies?	YES NO F	explain:		
s the individual on	a special diet?				
Does the individual	have special needs?				
his camper/staff is cademy of Pediate	rics and National Adviso	llowing routine childhoodry Committee on Immun	l immunizations cur ization Practices:		the American
	Yes	No		Yes	No
1easles			Henatitis R		110
			Hepatitis B Diphtheria		110
<i>l</i> umps			Hepatitis B Diphtheria Pertussis		110
Mumps Lubella			Diphtheria Pertussis Pneumococcal		110
Measles Mumps Rubella Chickenpox			Diphtheria Pertussis		170
Mumps Lubella Chickenpox Cetanus			Pertussis Pneumococcal conjugate Polio		
fumps ubella hickenpox etanus Comments:			Diphtheria Pertussis Pneumococcal conjugate Polio		
fumps ubella hickenpox etanus Comments:	are provider:		Diphtheria Pertussis Pneumococcal conjugate Polio		
fumps ubella hickenpox etanus Comments: int name of medical c edical care provider's	are provider:		Diphtheria Pertussis Pneumococcal conjugate Polio		
fumps tubella chickenpox etanus Comments: int name of medical c edical care provider's	are provider:address:		Diphtheria Pertussis Pneumococcal conjugate Polio Zip Code		
fumps ubella hickenpox etanus Comments: int name of medical c edical care provider's	are provider:address:		Diphtheria Pertussis Pneumococcal conjugate Polio Zip Code Signa		