

Applicant's Name

Session

Birth Date

# Physician's Examination

HEALTH FORM



This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height

Weight

Heart

Blood Pressure

Hct/Hgb Test (if appropriate)

Urinalysis

## Health Assessment

Please rate the following:

V – Satisfactory  
X – Not satisfactory  
O – Not examined

Eyes

Ears

Nose

Throat

Extremities

Glasses

Lungs

Genitalia

Abdomen

Hernia

Posture

Skin

 Date of last tetanus shotAre immunizations up to date?  Yes  No

## General Appraisal

Please address any concerns from above.

## Allergies

List any allergies the applicant may have, including:

Food  
Insects  
Medicine  
Seasonal/Environmental

## Recommendations

List restrictions on the applicant at camp, including:

Special Diets  
Current Medications  
Swimming/Diving  
Strenuous Activity

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

I examined the applicant today  Yes  No If no, date of examination

Name of Doctor

Signature

Date

Contact Information