Travel Overnight Monday – Friday
Enjoy the weekends at home!

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"…an experience you'll remember forever!"

CAMPER PHYSICIAN FORM

This form is to be completed by a licensed physician and returned to the office by May 1st, 2009

Last Name_____________________________________ First Name_______________________ Sex______ Birth date____________________

Height _____ft ______inches Weight _______lbs Blood Pressure____________ Urinalysis_________________ Vision___________________

Allergies:
To Food____
____

To Medicine____
____

Immunization Information: Please provide dates of most recent inoculation.

Meningitis_______________________
Varicella_______________________
Hepatitis B_____________________
Haemophilus Influenza Type B__________
Tetanus________________________

Rubella ____________________
Measles____________________
Mumps_____________________
Polio_______________________
DPT or DT_______ ___________

Please list any and all current medication:

Medication______________________
Dosage________________________
Reason________________________

Medication__________________
Dosage_____________________
Reason_____________________

Medication_________________
Dosage____________________
Reason____________________

Special dietary needs/restrictions:

____
____
____

Over the course of the summer campers will be engaged in activities that require sustained physical effort (i.e. Mountain Biking, whitewater rafting, and swimming). **Please describe any condition that may be a barrier to the camper's participation**.

____
____
____

I have examined the person herein described and have reviewed his/her medical and health history. It is my professional opinion that this patient is physically able to engage in all camp/trip activities, except where noted.

____ ___________________________
Examining physician signature Date

Please print the following information:

Examining physician ________________________
Address_________________________________
City, State, Zip______________________________
Phone # __________________________________