



PARTICIPANT MEDICAL FORM

2020-2021 SEASON

Applicant Name

Date of Birth

Physician's Examination

Physical examination should be performed within 12 months of arrival at camp. Examination is for determining fitness to engage in strenuous activity and perform duties of a summer camp counselor.

Height	Weight	Pulse	Blood Pressure	Hct/Hgb Test (if appropriate)	Urinalysis (if appropriate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please rate the following V – Satisfactory X – Not satisfactory O – Not examined	Eyes	Ears	Nose	Throat	Lungs	Heart	Abdomen	Genitalia	Extremities	Skin	Neuro
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Appraisal

Please address any concerns from above

Medications

Please list any medications the applicant is currently taking

Allergies

Please list any allergies the Applicant may have.

Immunizations

Are immunizations up to date? Yes ___ No ___

Current Medical Problems and Treatments

Use a second sheet if needed

Recommendations

List restrictions of the applicant at camp

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 (please print): _____

Signature _____ Date (DD/MM/YYYY): _____

Physician's Address

Physician's Phone Number