



HEADS UP! HARTFORD CAMP 2017
CAMP HEALTH EXAM/RECORD FOR CAMPERS

PHYSICAL EXAMS ARE VALID FOR THREE YEARS FROM DATE OF THE LAST EXAM

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_
PHONE \_\_\_\_\_

GUARDIAN \_\_\_\_\_
ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF CAMP \_\_\_\_\_

To Be Completed by a Medical Professional:

DATE of EXAM \_\_\_/\_\_\_/\_\_\_

Please check normal findings:

RESP \_\_\_ HEENT \_\_\_ CARDIO \_\_\_ NEURO \_\_\_ Orthopedic \_\_\_ GLASSES/CONTACTS \_\_\_ Hearing Aids \_\_\_

Is the patient being treated currently for any medical conditions?

Medications: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ Special Diet: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Please list any known medical conditions, illnesses, prior injuries or physical restrictions which may limit participation during camp \_\_\_\_\_

The camper/staff is up to date on all following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practice: yes \_\_\_ no \_\_\_ EXPLAIN \_\_\_\_\_

(Attached list of immunizations preferred)

Date of last Tetanus Booster: \_\_\_\_\_

PRINT name of Medical care Provider: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Physician, PA, APRN or RN \_\_\_\_\_