WAUKEELA Physician's Examination Form

You may submit a physician provided School/Camp Form in place of this form.

Camper's Name_____ DOB_____

Date of Exam __/__/__

This examination should be performed within 12 months of arrival at camp. Examination is for determining fitness to engage in strenuous activity. Please complete ALL sections.

Please rate the following:

V – Satisfactory X – Not Satisfactory

- ☐ **HEENT**
- ☐ **Heart**
- ☐ **Lungs**
- ☐ **Abdomen**
- ☐ **Extremities**
- ☐ **Skin**
- ☐ **Neuro**

Vitals:

Hgt _____ Wgt _____

Pulse _____ BP _____

General Appraisal/Health History:

_____

_____

Current Medical Problems and Treatments:

Allergies ___ NO ___YES Please specify _____

Asthma ___NO ___YES Triggers _____

Medications (Daily and PRN)_____

Will be taken at camp ___Yes ___No *(For <u>each</u> medication that camper will be taking at camp, please complete a <u>separate Medication Permission Form</u>. For rescue inhalers please provide a current <u>Asthma Action Plan</u>. For Epipens, please provide a current <u>Allergy Action Plan</u>)

Other: _____

_____

Restrictions: ___ NONE ___ AS NOTED _____

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The following Immunizations and number of doses are required for camp. Please provide month/day/year for each dose received.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTap					
	Dose 1	Dose 2	Dose 3	Dose 4	
Polio					
	Dose 1	Dose 2	Dose 3		
Hep B					
	Dose 1	Dose 2			
MMR					
	Dose 1	Dose 2			
Varicella					
	Dose 1				
*Tdap					

***Tdap is required for all campers who are or will be 11 years of age or older upon arrival at camp.**

History of Chickenpox disease ___NO ___YES Date __/____

History of other disease above ___NO ___YES Disease_____ Date__/____

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.

Physician's Signature_____ Date_____

Physician's Name (print)_____

Physician's Address _____

Physician's Phone _____

(Practice Stamp May Be Used Here)