

BLUE CHIP 225 CAMP HEALTH EXAM/RECORD for Campers & Staff

Physical exams are valid for 3years from date of last examination

Rising Senior (grad 2011) Camper_____

Rising Junior (grad 2012) Camper_____

Camper Name_____ Date of Birth_____ Phone #_____

Address_____

Emergency Contact Name_____ Phone #_____

Date of Arrival at camp_____ Date of Departure from camp_____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER

Date of exam_____/_____/_____

Individual CAN participate in all camp activities: YES NO If No please indicate exclusions_____

Medical care pertinent to routine care and emergencies:_____

Is the individual taking prescription or over the counter medication(s)? If yes indicate names of medication(s):_____

Will this medication be BROUGHT TO and TAKEN at camp? YES NO

Does the individual have allergies? YES NO Explain:_____

Is the individual on a special diet? YES NO Explain:_____

Does the individual have special needs? YES NO Explain:_____

This camper/staff is up to date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics:

	YES	NO		YES	NO		YES	NO
Measles			Hepatitis B			Polio		
Mumps			Diphtheria			Chickenpox		
Rubella			Pertussis			Tetanus-provide date of last shot		

Print Name of Medical Care Provider_____ Phone#_____

Medical Care Provider's address_____ City_____ State_____ Zip_____

SIGNATURE OF PHYSICIAN, PA, APRN or RN_____ Date_____