

Statement of Camper's Health and Physical Fitness
Complete each section

Camper's Name _____
Age _____ D.O.B. _____

To be completed by physician:

Health History

Communicable Diseases (date) or N/A

Chicken Pox _____ Mononucleosis _____
Scarlet Fever _____ Rheumatic Fever _____
Tuberculosis _____ Hepatitis B _____
Other _____

Heart Conditions or N/A

Congenital Defects _____ Mitral Valve Prolapse _____
Murmur _____ High Blood Pressure _____
Other _____

Gastro-Intestinal/Genito-Urinary or N/A

Ulcers _____ Urinary Tract Infections _____
Testicular Problems _____ Hernia _____
Other _____

Hospitalizations/Serious Injuries or N/A

Explanation/Dates _____

Respiratory Conditions or N/A

Asthma _____ Date of Last Attack _____
Pneumonia _____ Other _____

Orthopedic Conditions or N/A

Fractures _____ Scoliosis _____
Other _____

Other Conditions or N/A

Head/Neck Injury _____
Frequent Headaches _____ Attention Deficit _____
Nervous Disorder _____
Mental Health _____
Diabetes _____ Type _____
Seizures _____ Date of Last _____
Anemia _____ Blood Disorder _____
Ear Infections _____ Tonsil Infections _____
Hearing Problems _____ Aids _____
Vision Problems _____ Glasses _____ Contacts _____

(OVER)

Allergies or N/A

Bee sting (type of bee) _____ Reaction _____

Treatment _____

Environmental _____ Reaction _____

Treatment _____

Food _____ Reaction _____

Treatment _____

Other _____ Reaction _____

Medication _____

Immunization Record

Tetanus Date _____ Others up to date **(Circle) Yes or No**

If no, specify why _____

Current medications/restrictions/conditions _____

Authorization:

This health record is correct to the best of my knowledge, and the camper herein described has my permission to engage in all camp activities, except as noted on this form. In the event of an emergency, I hereby give my permission to the physician or hospital selected by the camp administration to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named on this form.

PHYSICIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE