



Camper Medical History & Physical Exam Form
(To be completed by camper's guardian & health care provider)

All campers must have a completed medical history physical exam form to attend camp (including physician signature).

Camper's Name: _____ DOB: _____

Weight (lb) _____ Height: _____ BP: _____ most recent date: _____

Weight (lb) _____ Height: _____ BP: _____ on what date: _____

Weight (lb) _____ Height: _____ BP: _____ on what date: _____

Weight (lb) _____ Height: _____ BP: _____ on what date: _____

Allergies (list specific food or allergan and reaction):

Record of Immunizations (list date or provide a copy of immunizations):

DTP _____ MMR _____ Polio _____ HIB _____
TD _____ Hepatitis _____ Varicella _____ Menactra _____

List any chronic or current health problems (use a separate sheet if necessary):

(more questions and Doctor's signature on back)

List any dietary restrictions (vegetarian, vegan, no pork, lactose intolerance). Please be specific:

Current Medications

Drug Name	Dose	How Taken	How Often/When
Example: Albuterol	2 puffs	By inhaler	Twice daily at breakfast and bedtime

Health care provider: please list any precautions or restrictions for this patient:

I examined _____ on _____ and found her/him to be in good health and able to attend camp. (Campers must have been examined within 1 year.)

Provider signature: _____ Date: _____

Provider name (please print): _____ Office phone #: _____

Any questions can be directed to campenergy@gmail.com or 570-214-9796