

Applicant's Name

Session

Birth Date

☐ Male ☐ Female

# Physician's Examination

HEALTH FORM 

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height

Weight

Pulse

Blood Pressure

Hct/Hgb Test (if appropriate)

Urinalysis (if appropriate)

**Please rate the following:**

V – Satisfactory  
X – Not satisfactory  
O – Not examined

Eyes

☐

Ears

☐

Nose

☐

Throat

☐

Lungs

☐

Heart

☐

Abdomen

☐

Genitalia

☐

Hernia

☐

Extremities

☐

Posture

☐

Skin

☐

Neuro

☐**General Appraisal**

Please address any concerns from above.

**Medications**

Please list any medications the applicant is currently taking.

**Allergies**

Please list any allergies the applicant may have.

**Immunizations**Are immunizations up to date? ☐ Yes ☐ No**Current Medical Problems and Treatments**

Use a second sheet if needed.

**Recommendations**

List restrictions on the applicant at camp.

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.

I examined the applicant today ☐ Yes ☐ No

Signature

Date

Contact Information