



HEALTHY HISTORY and EXAMINATION FORM

(This portion to be filled out by licensed physician)

Please record the date (month & year) of basic immunizations & most recent booster doses.

Vacines	Month/Yr	Month/Yr	Month/Yr	Month/Yr	Month/Yr
DPT					
TD					
Tetanus					
Polio					
MMR					
Measles-2nd					
Tuberculin					
HB					
Other					

Date of last physical examination: (must be within 12 months of child's attendance at camp)

Height: _____ Weight: _____ Blood Pressure: _____

Allergies (food, drugs, insects): _____

Current Medications _____

Will they be taken at camp? _____

Is the applicant currently under the care of a physician? _____ If yes, why? _____

Restrictions? _____

I have examined the child herein described and have reviewed the health history. It is in my opinion that this camper is physically able to engage in all camp activities, unless otherwise noted above.

Licensed Physician's Signature _____ Date _____

Address _____ Phone _____