

Camper's Name (Last, First)

Date of Birth (MM/DD/YYYY)

Session (1st, 2nd, Full, Badger I, Badger II)

Cabin (to be completed at camp)

# 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

General Appraisal

Medications

Please list any medications the camper will take at camp.

Allergies

Please list any allergies the camper has.

Immunizations

Are immunizations up to date?  Yes  No

Date of last tetanus shot:

Current Medical Diagnoses and Treatments

Use a second sheet if needed.

Other Recommendations

List restrictions on the camper 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

If no, date of examination:

Name of Doctor	Signature	Date
Physician's Phone Number		

