



HEADS UP! HARTFORD CAMP 2018
CAMP HEALTH EXAM/RECORD FOR CAMPERS

PHYSICAL EXAMS ARE VALID FOR THREE YEARS FROM DATE OF THE LAST EXAM

NAME _____ D.O.B. _____
PHONE _____

GUARDIAN _____
ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____
DATE OF CAMP: 6/21/18 - 6/28/18

To Be Completed by a Medical Professional: DATE of EXAM ___/___/___

Please check normal findings:
RESP ___ HEENT ___ CARDIO ___ NEURO ___ Orthopedic ___ GLASSES/CONTACTS ___ Hearing Aids ___
Is the patient being treated currently for any medical conditions?

Medications: _____

ALLERGIES: _____
Special Diet: _____
Special Needs: _____

Please list any known medical conditions, illnesses, prior injuries or physical restrictions which may limit participation during camp

The camper/staff is up to date on all following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practice:
yes ___ no ___ EXPLAIN _____

(Attached list of immunizations preferred)

Date of last Tetanus Booster: _____
PRINT name of Medical Care Provider: _____
Address _____
Phone _____

Signature of Physician, PA, APRN or RN _____