

HEADS UP! HARTFORD CAMP 2022 CAMP HEALTH EXAM/RECORD FOR CAMPERS

Please use this form if your child's school form is unavailable.

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: 6/22/22 - 6/29/22

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 recommended 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 _____