

# HEADS UP! HARTFORD CAMP 2023 CAMP HEALTH EXAM/RECORD FOR CAMPERS

HUH gladly accepts school health forms; 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: 6/18/23 - 6/24/23

**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 to be taken at camp: \_\_\_\_\_

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 \_\_\_\_\_