

Health History and Examination Form

_____ was examined _____ (date)
(camper / staff name)

BP _____ Height _____ Weight _____

In my opinion, the above applicant is is not able to participate in an active camp program. The applicant is under the care of a physician for the following conditions

Recommendations and Restrictions at Camp

Treatment to be continued at camp: _____

Medications to be administered at camp:

Medications are defined as any substance, prescription, or otherwise, that is administered on a regular basis to improve or maintain their health. Camp must have a copy of each prescription at time of stay. Med. Label must match this document.

This person takes medications as follows This person takes no medication on a routine basis.

Med # 1 _____ Dosage _____ Specific Times _____

Reason For Taking: _____

Med # 2 _____ Dosage _____ Specific Times _____

Reason For Taking: _____

Med # 3 _____ Dosage _____ Specific Times _____

Reason For Taking: _____

(Please use Addendum page if more space is needed.)

Medically prescribed meal plan or dietary restrictions: _____

Known Allergies: _____

Description of Limitations or restrictions on activities: _____

The content of this Health History document has been reviewed by a Licensed Medical Professional and represents an accurate description of the health / medical needs of this person.

****Signature of Licensed Medical Professional:**

Printed: _____ Title: _____

Address: _____

Phone: _____