

## Physical Examination Form

This must be completed by licensed medical personnel within 24 months prior to attending Camp Sertoma.

Name of Camper \_\_\_\_\_ Birth Date \_\_\_\_\_

### Health Care Recommendations and Restrictions by Licensed Medical Personnel

I have examined the above camp participant on (date) \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

This camper is independent in toileting, bathing and other personal hygiene: \_\_\_\_\_ Yes \_\_\_\_\_ No

In my opinion, the camper is able to participate and work in an active camp program. \_\_\_\_\_ Yes \_\_\_\_\_ No

The camper is under the care of a physician for the following condition(s)

\_\_\_\_\_

Treatment to be continued at camp:

\_\_\_\_\_

Medications to be administered at Camp: (name, dosage, frequency):

\_\_\_\_\_

Any medical prescribed meal plan or dietary restrictions:

\_\_\_\_\_

Allergies: \_\_\_\_\_

Descriptions of any limitations or restrictions on camp activities:

\_\_\_\_\_

Additional information (behavioral, physical, emotional or mental health) for health care staff:

\_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Licensed Medical Personnel: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_