CAMPER STAFF Name:			FOR CAMPE Physical Exams A From Date of	ALTH EXAM/R CRS AND STAF Are Valid For 3 Years Last Examination <i>leted Form to t</i>	F		
Guardian:		IPER		STAFF			
Guardian:	Name:		Date	of Birth:	Phone (dd/mm/vvvv)	e:	
Date of Arrival at Camp:	Guardian:		Address:				
TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER: May participate in all camp activities DATE of EXAM	Emergency Contact:		E	mergency Phone:			
TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER: May participate in all camp activities DATE of EXAM/ May participate except for:							
May participate except for:							
Medical information pertinent to routine care and emergencies: Does the individual have allergies? Is the individual on a specific diet? Over the individual on a specific diet? Over the individual have special needs? Over the individual have specin needs? Y	May participate in	all camp activit	ies	DATE of E	XAM/	/	
Medical information pertinent to routine care and emergencies: Does the individual have allergies? VES NO Explain: Is the individual on a specific diet? VES NO Explain: Does the individual have special needs? VES NO Explain: Does the individual have special needs? VES NO Explain: This camper/staff is up-to-date on all the following routine childhood immunizations currently recommendent the American Academy of Pediatrics and the National Advisory Committee on Immunization Practices: Ves No Yes No Mumps Diphtheria Diphtheria Pertussis Rubella Pertussis Image: Chickenpox Polio		vcent for:					
Does the individual have allergies? YES NO Explain: Is the individual on a specific diet? YES NO Explain: Does the individual have special needs? YES NO Explain: Does the individual have special needs? YES NO Explain: This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended the American Academy of Pediatrics and the National Advisory Committee on Immunization Practices: Yes No Yes No Mumps Diphtheria Diphtheria Diphtheria Rubella Pertussis Chickenpox Polio Diphtheria							
Does the individual have special needs? OYES NO Explain: This camper/staff is up-to-date on all the following routine childhood immunizations currently recommende the American Academy of Pediatrics and the National Advisory Committee on Immunization Practices: Measles Yes No Mumps Diphtheria Diphtheria Rubella Pertussis Image: Chickenpox Tetanus Image: Chickenpox Polio	Does the individual have	e allergies?	YES	ONO Explain:			
This camper/staff is up-to-date on all the following routine childhood immunizations currently recommende the American Academy of Pediatrics and the National Advisory Committee on Immunization Practices: Yes No Yes No Measles Hepatitis B Image: Second Seco	s the individual on a sp	ecific diet?	O _{YES}	ONO Explain:			
the American Academy of Pediatrics and the National Advisory Committee on Immunization Practices: Yes No Yes No Measles Hepatitis B Image: Second	Does the individual have	e special needs?	O _{YES}	ONO Explain:			
MeaslesHepatitis BImage: Constraint of the second se							
MeaslesHepatitis BImage: Constraint of the second se		Yes	No		Yes	No	
RubellaPertussisChickenpoxPolioTetanusImage: Constraint of the second			-		-		
ChickenpoxPolioTetanus							
Tetanus Internet Inte							
				Polio			_
Comments:	retanus					1	
Comments:	_						
	Comments:						

Medical care provider's address: ______ City_____ St____ St____ Zip Code _____

Print name of medical care provider: _____