

Physical Examination Form

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

Name of Camper _____ Birth Date _____

Health Care Recommendations 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)

Recommendations and Restrictions at Camp

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:

Signature of Licensed Medical Personnel: _____ Date _____

Printed Name _____ Title _____

Address _____ Phone _____