

Health Exam Form 2



Please have your child's primary healthcare provider complete this form and return it to the camp office.

Name: _____
 Date of Birth: _____ Male Female
 Camper/Sibling: _____

ACA accreditation standards require a physical exam within last 24 months
 Physical exam performed today? Yes No Date: _____
 If "No", date of last physical exam? _____

Height: _____
 Weight: _____
 Blood Pressure: _____

Immunization History Provide the month and year for each immunization

Immunization records are attached

	Dose 1 (Month/Year)	Dose 2 (Month/Year)	Dose 3 (Month/Year)	Dose 4 (Month/Year)	Dose 5 (Month/Year)
Diphtheria, tetanus, pertussis (DTaP or TdaP)	_____	_____	_____	_____	_____
Mumps, measles, rubella (MMR)	_____	_____	_____	_____	_____
Polio (IPV)	_____	_____	_____	_____	_____
Haemophilus influenzae type B (HIB)	_____	_____	_____	_____	_____
Pneumococcal (PCV)	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____
Hepatitis A	_____	_____	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____	_____	_____
Meningococcal meningitis (MCV4)	_____	_____	_____	_____	_____

TB Test Date: _____
 Negative Positive

Tetanus Date: _____
 (dT or TdaP)

Influenza Date: _____
 Seasonal
 H1N1 Date: _____

If camper is **NOT** fully immunized, please sign the following statement: I understand and accept the risks to my child from **NOT** being fully immunized.

Printed Name _____ Relationship to Camper _____ Signature _____ Date _____

Does child need help/assistance regarding:

- Falling asleep?..... Yes No
- Bedwetting?..... Yes No
- Making Friends?..... Yes No
- Nightmares?..... Yes No
- Procedures/Organizing?..... Yes No
- Eating?..... Yes No

Past Medical / Surgical History

Diet / Nutrition List dietary restrictions Eats a regular diet

Allergies List all allergies and reactions No known allergies

Medications Include name, dose, frequency

No medications

Physician Authorization:

I have reviewed the camper/staff member health history form and have discussed the camp program with the camper's parents/guardians. It is my opinion that the camper/staff member is physically and emotionally fit to participate in an active camp program (except as noted above).

Address: _____
 State: _____ Zip Code: _____

City: _____
 Phone: _____

 Name of Licensed Provider

 Signature Date