HAPPINESS IS CAMPING

62 Sunset Lake Road, Hardwick, NJ 07825

SIBLING HEALTH EXAM FORM

(School health form is also acceptable)

Name of Child____ Date of Exam__________________

Date of Birth ___________________________ Gender________________________

Varicella status (had varicella, vaccinated, immune by titer, susceptible)__________________________

Immunization status **(*include a copy or note exemption reason)** ____________________________

Surgical history (if Applicable)____

____

Other medical history (diabetes, asthma, psychiatric or behavioral issues, etc.)____________________

____

Diet/nutrition (list any dietary restrictions)____

Allergies____

Medications to be given at Camp (please remind family all medications must be in original packing)

Name of Medication	Reason for taking	Dose	Frequency	Time of day given

If there are any Over the Counter Medications that should **NOT** be administered at Camp please note them here:

____

Please list any limitations the Camper may have while at Camp ___________________________________

____

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Name of Child____ **Date of Exam**____________________

Review of Systems:

___Patient is unable to communicate

General	___Normal	___Abnormal
Eyes	___Normal	___Abnormal
ENMT	___Normal	___Abnormal
Respiratory	___Normal	___Abnormal
Cardiovascular	___Normal	___Abnormal
Urologic	___Normal	___Abnormal
Gastrointestinal	___Normal	___Abnormal
Neurologic	___Normal	___Abnormal
Endocrine	___Normal	___Abnormal
Hematological	___Normal	___Abnormal

If abnormal, please comment____

Physical Examination

General Appearance/nutritional status ( ) NL ( ) AB

NL	AB		NL	AB		NL	AB	
( )	( )	HEENT	( )	( )	Abdomen	( )	( )	Psycho/social dev
( )	( )	Dental	( )	( )	Genito-Urinary	( )	( )	Language
( )	( )	Neck	( )	( )	Extremities	( )	( )	Behavioral
( )	( )	Lymph	( )	( )	Back	( )	( )	Gross Motor
( )	( )	Lungs	( )	( )	Skin	( )	( )	Fine Motor
( )	( )	Cardiovasc	( )	( )	Neuro			

Describe abnormal findings:

Licensed Medical Personnel Authorization

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

Printed name of licensed provider ____

Contact phone number for provider____

Provider e-mail____

Signature of licensed professional ____