HAPPINESS IS CAMPING

62 Sunset Lake Road, Hardwick, NJ 07825

CAMPER HEALTH EXAM FORM A

(Must be completed by primary oncology team or primary care doctor.)

Name of Camper_____ Date of Exam_____

Date of Birth _____ Gender_____

Cancer Diagnosis _____ Date of Diagnosis_____

Is the Camper on Treatment? ( ) Yes ( ) No, date completed _____

Rec'd chemo ( ) Yes ( ) No Rec'd RT ( ) Yes ( ) No Transplant date (if applicable)_____

Brain tumor ( ) No ( ) Yes VP Shunt ( ) No ( ) Yes Seizure history ( ) No ( ) Yes

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

Immunization status **(*include a copy or indicate on hold 2° treatment**) _____

Surgical history_____

_____

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

_____

Diet/nutrition (list any dietary restrictions)_____

Allergies_____

Medications (include name, dose, frequency and 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 _____

_____

Treatments to be continued at Camp _____

_____

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Name of Camper_____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

Mediport/Central Line/IV Access ( ) No ( ) Yes Describe _____

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

****FOR CAMPERS ON TREATMENT HAPPINESS IS CAMPING WILL CONTACT YOU SEVERAL WEEKS BEFORE THE CAMP SESSION FOR AN UPDATED MEDICAL ASSESSMENT AND DETAILS OF WHAT THE CAMPER WILL NEED WHILE AT CAMP.****