

YOUTH CAMP HEALTH EXAM/RECORD

FOR CAMPERS AND STAFF

Physical Exams Are Valid For 3 Years

From Date of Last Examination

State of Connecticut

Department of Public Health

Division Community Based Regulation

1-800-282-6063; (860) 509-8045

? Camper

? Staff

Please Return Completed Form to Camp

Name

Date of Birth

Phone

Guardian

Address

Emergency Contact,

Telephone_

Date of Arrival at Camp:_

Departure Date:_

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam

May participate in all camp activities

May participate except for: _____

Medical information pertinent to routine care and emergencies:.

Is this individual taking prescription medication? If
yes, indicate prescription: _____

? YES

? NO

Does the individual have allergies?

? YES

? NO

Explain: _

the individual on a special diet?

? YES

? NO

Explain: _

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox •			Polio		
Tetanus					

Comments:

Print name of medical care provider:

Medical care provider's address: _

Medical care provider's: City/Town_

ST

Zip Code

Signature of Physician, APRN or PA

Date Form Signed

Telephone Number