



Physical Exam Form

PHYSICAL EXAMINATION--TO BE COMPLETED BY LICENSED PHYSICIAN
(exam must be done within two years prior to camper's arrival at camp)

NAME: _____ Date of Birth: _____

Height: _____ Weight: _____ Blood Type: _____ Blood Pressure: _____

I have examined the camper named above on _____ The exam was essentially normal
with the following exceptions: _____

Date of most recent tetanus immunization: _____

Allergies (please specify): _____

Restrictions and/or recommendations:

Special diet: _____

Medications: _____

Strenuous activity: _____

Swimming and/or diving: _____

Other: _____

Chronic illnesses or disease: _____

Operations: _____

Signature of Examining Physician:

_____ Date: _____

Address: _____

Phone: _____