



2022 Physician's Form

(To be completed by Camper's Physician)

A current (within 1 year of camp date) health physical direct from your physician's office is preferred, or you may substitute with this form to be completed and signed by your camper's physician.

Camper's Name: _____ Age: _____ DOB: ____/____/____

Parent/Legal Guardian(s) Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Camper's Primary Physician: _____ Phone: _____

Physician's Address _____

General Physical Condition

Height _____ BP _____ Ears _____
Weight _____ Eyes _____ Lungs _____

Skin: Clear _____ Dermatitis _____ Eczema _____ Infections _____

Date of last Tetanus Shot _____ Is this camper subject to seizures? ____No ____Yes

Known Allergies: _____

Should the camper be restricted from any camp activities? ____No ____Yes (specify _____)

Mental Evaluation

Diagnosis: _____

Additional Comments: _____

Physician's Signature

Print Name

Date