



2026 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 use this form to be completed and signed by your camper's physician.

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

Parent/Legal Guardian(s) Name: _____

Address: _____

Phone: _____

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

If yes, specify _____

Mental Evaluation

Diagnosis: _____

Additional Comments: _____

Physician's Signature

Print Name

Date