Middlesex YMCA Youth Camp Health Exam/Record

For Camper and Staff

(Physical Exams are Valid for 3 Years from Date of Last Examination)

Please Return Completed Form to the Camp

☐ Camper

☐ Staff

Name: _____ Date of Birth: _____ Phone #_____

Guardian: _____ Address _____

Emergency Contact: _____Phone #: _____

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 :

_____

_____

Medical Information pertinent to routine care and emergencies:

_____

_____

Is the individual taking prescription or over the counter medication(s)? ___ Yes ___ No

If yes, indicate names of the medication: _____

Does the individual have allergies: ___ Yes ___ No Explain: _____

Is the individual on a special diet: ___ Yes ___ No Explain: _____

Does the individual have special needs? ___ 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		
Chicken Pox			Pneumococcal Conjugate		
Tetanus			Polio		

Comments:

_____

_____

Printed Name of Medical Care Provider: _____

Medical Care Provider's Address: _____

Medical Provider's City/Town, State, Zip Code: _____

Medical Provider's Telephone Number: _____

_____ _____

Signature of Physician, PA, APRN or RN Date Form Signed