

SNEMN Summer Camp Health Exam Form

This form needs to be completed by your physician OR a similar form provided from your physician's office that includes: (1) Physical Examination Date (within 3 years of camp date), (2) Up to date Immunization Record and (3) Signature by physician.

First Name _____ Last Name _____ DOB _____

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 or over the counter medication(s)? Yes No

If yes, indicate names of medication(s): _____

Does this individual have allergies? Yes No Explain: _____

Is this individual on a special diet? Yes No Explain: _____ Does this individual have special needs? Yes No Explain: _____

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

	Yes (Include dates)	No		Yes (Include dates)	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal		
Tetanus			Polio		

Comments: _____

Print Name of Medical Care Provider _____

Address _____ Phone _____

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