Applicant Name: _____
Last First Middle

Address:_____

Hindu Heritage Summer Camp Physician Examination

Staff Form

(To be filled out by the applicant's physician/pediatrician)

Medical Examination

Code: N= Normal A= Abnormal (Please explain)
O= Not evaluated

Height	_____	**Weight**	_____
BP	_____	**Lungs**	_____
Skin	_____	**Heart**	_____
Eyes	_____	**Abdomen**	_____
Ears	_____	**GU**	_____
Nose	_____	**Extremities**	_____
Throat	_____	**Spine**	_____
Teeth (Braces)	_____		
General Appraisal	_____		

Immunization History:

Test	Most Recent Dates
DPT	
Booster	
MMR	
Polio	
HIB	
Varicella Vaccine	
Hepatitis B	
Menomune/Menactra	

Recommendations and Restrictions While at Camp:

Special Diet / Eating Disorder: _____

Swimming, Diving _____

Limitations to Activity_____

Allergies:

Medication _____ Food _____

Bee stings/Insect Bites _____ Poison Ivy _____

Other _____

Health History: **Y**= Yes **N**= No (please explain)

Seizure Disorder	_____	Diabetes	_____	Musculoskeletal	_____
Bed Wetting	_____	Athletic Injuries	_____	Bleeding/Clotting	_____
Heart Abnormality	_____	Mononucleosis	_____	Asthma	_____
Communicable Disease (specify)	_____	Chronic/ Recurring Illness	_____		

Has camper been diagnosed with ADD or ADHD? _____ If yes, is the camper currently on medications? _____

List All Medications: (Prescribed & over-the-counter) and list conditions for which they are prescribed.

NAME	DOSAGE AMOUNT	FREQUENCY	DURATION	ROUTE	MD SIGNATURE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I have examined the person described above and have reviewed his/her health history. This person is physically able to engage in camp activities except as noted above. The date of last exam was _____

Physician name:_____Phone:_____

Address: _____

Signature of examining Physician:_____ M.D. Date:_____