

## ECC Summer Camp Health Exam Form

A Health Exam form **signed by a Physician** is required for camp. The exam must have been given within the last 3 years to be valid. This form must be completed for camper to participate.

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:

	Yes	No		Yes	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