

Medical Examination- *To be filled out by a licensed physician.*

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Height: _____ Weight: _____ B.P. _____ Hgb. _____

Test _____ Urinalysis _____

Code: Satisfactory Not Satisfactory (Explain) Not Examined

Eyes: Glasses:	Nose:	Heart:	Hernia:
Skin:	Throat:	Lungs:	Extremities:
Ears:	Teeth:	Abdomen:	Posture(Spine)

Allergies: (Specify) _____

General Appraisal: _____

For Girls and Women: Has this Person menstruated? _____ If so, is her menstrual history normal? _____

Special Considerations:

Immunization History: Required Immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses:

DTP Series	Booster	Tetanus Booster
Polio OPV	Booster	Typhoid
Measles Vaccine (live)		Tuberculin Test
German Measles (Rubella)		Mumps Vaccine (live)
Smallpox		Other

Other State or municipal examinations required for staff (if any) _____

Recommendations and Restrictions while in camp:

Special Diet: _____

Special Medicine (name) and Reason for use: _____

Swimming and Diving: _____

Strenuous Activity: _____

Other: _____

I have examined the person herein described and have reviewed her/his health history. It is my opinion that she/he is physically able to engage in camp activities, except as noted above.

Examining Physician

Telephone: () _____ Address: _____

Date: _____