

BLUE CHIP 225 CAMP HEALTH EXAM/RECORD for Campers & Staff

Rising Senior (grad 2011) _____ Rising Junior (grad 2012) _____ Rising Sophomore (grad 2013) _____

Camper Name _____ Date of Birth _____ Phone # _____

Address _____

Emergency Contact Name _____ Phone # _____

Date of Arrival at camp _____ Date of Departure from camp _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER

Date of exam _____/_____/_____

Individual CAN participate in all camp activities: YES NO If No please indicate exclusions _____

Medical care pertinent to routine care and emergencies: _____

Is the individual taking prescription or over the counter medication(s)? If yes indicate names of medication(s): _____

Will this medication be BROUGHT TO and TAKEN at camp? YES NO

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:

	YES	NO		YES	NO		YES	NO
Measles			Hepatitis B			Polio		
Mumps			Diphtheria			Chickenpox		
Rubella			Pertussis			Tetanus-provide date of last shot		

Print Name of Medical Care Provider _____ Phone# _____

Medical Care Provider's address _____ City _____ State _____ Zip _____

SIGNATURE OF PHYSICIAN, PA, APRN or RN _____ Date _____