

Name: _____ Corps/Unit: _____

LICENSED MEDICAL PERSONNEL Please review this form and complete all remaining sections below

Physical exam must be within last 12 months and must be performed by a licensed physician, physician's assistant or a certified nurse practitioner.

Height _____ Weight _____ Blood Pressure _____

Physical exam done today?

Yes No If "No", date of last physical _____

Diet / Nutrition List dietary restrictions

Eats a regular diet Eats a regular vegetarian diet

Has special food needs or allergies (describe below)

Allergies List all allergies and reactions

No known allergies

Medications List of medicines that will need to be administered at camp. Must be in original container include name, dose and frequency.

No medications

Restrictions List activity restrictions

I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations:

Past Medical / Surgical History / Current Medical Treatment

Physician Authorization: I have reviewed the camper health history form. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above).

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Name of Licensed Provider

Signature

Date