

A physical exam must be completed within 24 months prior to the start of camp. Upload the after visit summary from that exam to CampDoc.com OR at the physical, have a licensed medical professional (physician, physician's assistant or nurse practitioner) complete this form, and upload it to CampDoc.com.

Camper Name \_\_\_\_\_ Date of examination \_\_\_\_\_

Blood Pressure	Respiratory Rate	Pulse	Height	Weight
	Normal	Abnormal	Comments	
General				
Skin/Hair				
Lymphatics				
HEENT				
Respiratory				
Cardiovascular				
Musculoskeletal				
Neurological				

The participant is under care of a physician for the following condition(s):

\_\_\_\_\_

\_\_\_\_\_

### Recommendations & Restrictions While at Camp:

Any medically-prescribe meal plans or dietary restrictions:

\_\_\_\_\_

\_\_\_\_\_

Description of any limitation or restriction of camp activities:

\_\_\_\_\_

\_\_\_\_\_

Additional information for the health care staff at camp:

\_\_\_\_\_

\_\_\_\_\_

Current treatments to be continued at camp (include current medications; provide detailed Rx treatment):

\_\_\_\_\_

\_\_\_\_\_

I have examined the camp participant, they ☐ are ☐ are not able to participate in an active camp program.

Signature of Medical Personnel	Date
Print Name	Title
Address	Phone