



## CAMP PHYSICAL FORM

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## MEDICAL HISTORY

Allergies	Yes / No	_____
Hospitalizations or Surgeries	Yes / No	_____
Bone or Joint Injuries	Yes / No	_____
Diabetes	Yes / No	_____
Significant Previous Injuries	Yes / No	_____
Seizures	Yes / No	_____
Asthma	Yes / No	_____
Glasses or Contacts	Yes / No	_____
Fainting/Dizzy Spells	Yes / No	_____
Current Vaccinations	No / Yes	_____
Other		_____

## NOTE ABOUT MEDICATION

Per the RULES REGULATING CHILDREN'S RESIDENT CAMPS in the State of Colorado, section 7.711.5 CHILD CARE and section 7.711.51 Health Care:

*"All medication at the permanent camp site shall be kept in a clean, locked container, except emergency medication such as EPI-PENS or asthma inhalers. On excursions away from the camp, medication shall be under the control of an adult and shall be stored inaccessible to children."*

I understand that my medications must be turned in to the Camp nurse upon arriving at camp to ensure the safety of all campers and in submission to Colorado law.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# PHYSICAL EXAM

(to be completed by the physician)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Vital Signs \_\_\_\_\_

Feature	Normal	Abnormal	Comments
General			
Eyes			
Nose			
Dental/Mouth			
Throat			
Ears			
Skin			
Cardiovascular			
Musculoskeletal			
Neurological			
Genitourinary			
Gastrointestinal			
Spinal			
Nutritional Status			
Mental Health			

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician \_\_\_\_\_ Office \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_