YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

Physical Exams Are Valid For 3 Years from Date of Last Examination

State of Connecticut
Department of public Health
Division Community Based Regulation
1□800□282□6063; (860) 509□SO45

□ Camper

□ Staff

Name: _____ Date of Birth: _____

Guardian: _____ Address: _____

Emergency Contact: _____ Telephone: _____

Date of Arrival at Camp: _____ Departure Date: _____

To be completed by the specified Medical Practitioner:

Date of Exam: _____

_____ May participate in all camp activities

_____ May participate except for _____

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription medication? □ Yes □ No

If yes, indicate prescription(s): _____

Does the individual have allergies? □ Yes □ No **Explain:** _____

Is the individual on a special diet? □ 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 and National Advisory Committee on Immunization Practices:

Comments:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diptheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Print name of medical care provider: _____

Medical Care Provider's Address: _____

Medical Care Provider's City/Town: _____

Telephone Number: _____

Signature of Physician: _____

Date: _____