

DUNKLEYS' GYMNASTIC CAMP
YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF

Camper

Staff

Name _____ Date of Birth _____ Phone _____
 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: _____

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:

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

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

 Signature of Physician, APRN or PA

 Date Form Signed

 Telephone Number