



Physical Examination Form

Easterseals Camp Stand by Me
P.O. Box 289
Vaughn, WA 98394
253-884-2722 (Main) / 253-590-0594 (Fax)

Please scan and email this document to campadmin@wa.easterseals.com or Fax to 253-590-0594.

Campers must have a physical exam no more than 12 months prior to the session they are attending.

Please submit this form no later than 30 days prior session the camper is attending, or 2 weeks prior to a respite session.

*****Parent/Guardian Fill-in Section*****

Camper's Name: _____

Birth Date: _____

Primary Disability: _____

Does Camper take medication? (Circle choice)

- Yes
- No

I attest that all immunizations are up to date. My camper has an exemption for immunizations.

Parent/Guardian Name: _____

Signature: _____

Parent / Guardian: **Please stop here.** The rest of this form is to be completed by medical personnel.

Today's date: _____

Physical exam done today? (Circle choice) Yes No (If "No", date of last physical exam _____)

NOTE: ACA accreditation standards specify physical exam must be within the last 12 months.

Height _____ Weight _____ Temp _____ BP _____ HR _____ RR _____

Significant Health History

Allergies
Please note allergy and reactions.

- To foods (list): _____
- To medications (list) _____
- To the environment (insect stings, hay fever, etc. (list): _____
- Other allergies (List): _____
- No known allergies

Diet/Nutrition

- Eats a regular diet
- Has a medically prescribed meal plan or dietary restrictions (describe below): _____

Seizures

- Yes (If "Yes", last seizure date): _____
- No

Describe seizure (type & frequency):
