

Diabetes

- Yes (if "Yes", type and treatment): _____
- No

Heart Condition

- Yes (if "Yes", type and treatment): _____
- No

Date of Most Recent Tetanus Shot: _____

Asthma

- Yes (if "Yes", type and treatment): _____
- No

Chronic or Recurring Illnesses

Describe:

Recent Illness or Hospitalization

Describe:

Pressure Sores or Significant Bruises

Describe:

Health or Safety Risk to self, other campers, or staff

Describe:

Special instructions and restrictions to activity while at camp

Describe:

I have examined _____ and reviewed his/her health history. I have discussed the camp program with the camper's parent(s)/guardian(s) and it is my determination that the camper is fit to participate in camp activities, except where noted otherwise.

Examining Physician (please print): _____ Signature: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Date: _____