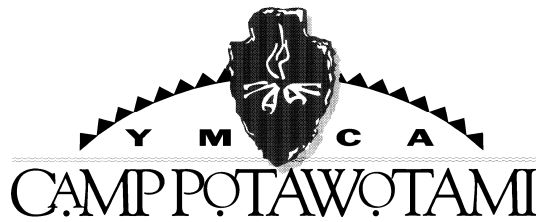


B**2010****PHYSICAL EXAMINATION FOR RESIDENT CAMP PARTICIPANTS**

This form must be completely filled out for attendance and
returned to camp by May 15, 2010 for summer programs.

All participants are required to have a physical examination on file that is no more than two years old.

Participant Name _____ Gender: MALE FEMALE
LAST FIRST MIDDLE

PHYSICAL EXAM TO BE COMPLETED BY A LICENSED PHYSICIAN

The following section is to be completed by a LICENSED PHYSICIAN.

This examination should be performed within 24 months of arrival at camp. Examination for some other purpose within this time period is acceptable. Examination is for determining fitness to engage in strenuous activities.

1. General Appraisal _____

2. Allergy _____

3. Are the participant's immunizations up-to-date? YES NO If NO, Reason _____
Date of Last: Tetanus Vaccine _____
Last TB Mantoux Test _____ Result: POSITIVE NEGATIVE
(If available, not required)
4. The participant takes NO medications routinely. The participant takes medication as follows:
Med #1 _____ Dosage _____ Frequency _____
Reason Taken _____
Med #2 _____ Dosage _____ Frequency _____
Reason Taken _____
Med #3 _____ Dosage _____ Frequency _____
Reason Taken _____
Med #4 _____ Dosage _____ Frequency _____
Reason Taken _____
5. Other information for camp health care staff, including treatments to be continued at camp, activity restrictions, medically prescribed meal plan, or dietary restrictions to be administered while at camp.

6. I have examined the above named participant within the past two years on date: _____
7. In my opinion, the above named participant IS ABLE IS NOT ABLE to participate in an active camp program.
8. Signature of Licensed Physician***x** _____ Office Stamp/Address & Phone Number:
Printed _____
Date _____

*Please initial if completed by nurse or physician's assistant.