

(to be completed by your child's PRIMARY CARE PROVIDER)

This form is due no later than **May 1, 2010**. This Physician's Form may be replaced by an attached form from your physician. Doctor physical/immunization forms completed for the 2009-10 school year will also be accepted. Note: Immunization exemptions require special documentation, which may be included with this form.

Child's full name _____

I examined the above applicant on: _____ (date), and in my opinion, the above-named applicant is physically able to engage in program activities, except where noted below.*

EXAM Code: V=Satisfactory X=Not satisfactory (explain) O=Not examined

_____ Height _____ Weight
 _____ Blood pressure _____ Urinalysis _____ Lungs _____ Eyes _____ Glasses
 _____ Ears _____ Nose _____ Throat _____ Abdomen _____ Extremities
 _____ Hernia _____ Posture (spine) _____ Heart _____ Skin _____ Genitalia
 _____ Allergy (Describe degree of reaction) _____

(Girls) Has this person menstruated? _____ If not, has she been told about it? _____ Is menstrual history normal? _____

General appraisal _____

*Recommendations and restrictions at camp _____

Special Diet _____ Current medications _____

Provider's name (PHYSICIAN): _____

Provider's address _____ Phone _____

Provider's signature

Initial if completed by nurse or physician's assistant.

IMMUNIZATION HISTORY (with dates)

DPT	Varicella Vaccine	HIB	Hepatitis B series	Tuberculin test
1 _____	_____	1 _____	1 _____	Results _____
		2 _____	2 _____	Date _____
TD	Polio	3 _____	3 _____	
2 _____	1 _____	4 _____		Lead test
3 _____	2 _____		History of Chicken Pox	_____
4 _____	3 _____	MMR (combined)	Y / N	_____
5 _____	4 _____	1 _____	(date) _____	Hgb/Hct.
		2 _____		_____
