

Medical Form

The Commonwealth of Massachusetts Law requires that all students attending Summer Camp have a Physical Exam prior to attendance. Please have your physician complete this form.

This section to be completed by parent:

Name of Program: _____

Name: _____ Date of Birth: _____ Sex: _____

Parent/Guardian _____

Home Telephone: () _____ Work Telephone: () _____

Physician Name: _____ Telephone: () _____

If the child brings prescription medicine from home, written authorization must be submitted by parent or guardian to administer the medication:

Signature of Parent or Guardian

Date

This section to be completed by physician:

HEALTH HISTORY

Please give month/year and type of immunization or occurrence of clinical disease:

Small Pox: _____	Measles: _____	Typhoid: _____
Diphtheria: _____	German Measles: _____	B/Test: _____
Polio: _____	Mumps: _____	Pertussis: _____
Tetanus: _____	Influenza: _____	Poliomyelitis: _____
Rubella: _____	Chest: _____	Other: _____

Medications camper is currently taking: _____

List any allergies to drugs: _____

PLEASE NOTE ALL PAST MEDICAL HISTORY ON THE LIST BELOW ALONG WITH THE DATES OF OCCURRENCE

	YES	MTH/YR		YES	MTH/YR
Chicken Pox	_____	_____	Stomach Disorders	_____	_____
Measles	_____	_____	German Measles	_____	_____
Whooping Cough	_____	_____	Mumps	_____	_____
Asthma/Hay Fever	_____	_____	Anemia	_____	_____
Diabetes	_____	_____	Concussion	_____	_____
Mononucleosis	_____	_____	Eczema	_____	_____
Pneumonia	_____	_____	Ear infection	_____	_____
Rheumatic Fever	_____	_____	Epilepsy	_____	_____
Scarlet Fever	_____	_____	Fainting	_____	_____
Sinusitis	_____	_____	Heart Disease	_____	_____
Tonsillitis	_____	_____	Hepatitis	_____	_____
Kidney Disease	_____	_____	Hernia	_____	_____
Migraine	_____	_____	Tuberculosis	_____	_____
			Veneral Disease	_____	_____

CONTINUED ON BACK

PLEASE LIST BELOW ANY OPERATION OR INJURIES:

OPERATIONS:

INJURIES:

Today's date: _____ Age: _____ General Appearance: _____
Height: _____ Weight: _____

DESCRIBE ANY VARIATIONS FROM THE NORM

N- Normal

V- Variation

Teeth: _____
Chest X-Ray: _____
Blood Pressure: _____
Abdomen: _____
Extremities _____
Glands: _____
Lungs: _____

Heart: _____
Eyes: _____
GI Systems: _____
Pulse: _____
Skin: _____
Scalp: _____
Ears: _____

I have examined this person and believe that he/she is physically able to participate in all camp activities except:

Signature of Examiner

Date