

# Easterseals Camp Forms—Physical Examination



All campers must have the Physical Examination completed & signed by a licensed physician, PA or CRNP OR an equivalent form that was completed within 12 months of the camp date.

Your physical must be returned 2 weeks before the start of camp by uploading it to your profile or

E-MAIL: nspease@eastersealswcpenna.org FAX: 717-741-5359 MAIL: ESWCPA, 2550 Kingston Road, Suite 219, York, PA 17402

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M or F

<b>Immunization History</b> - Please record the most recent date (month and year) of the following immunizations or attached an immunization record for the camper.  _____ DTP      _____ IPV      _____ Hep B _____ DTP/Hib      _____ MMR      _____ HIB _____ DTaP      _____ Measles      _____ Varicella _____ DT/Td      _____ Mumps      _____ PCV _____ OPV      _____ Rubella      _____ Meningitis	<b>Health History</b> - (check all that apply)  _____ Bleeding/clotting disorders      _____ Asthma _____ Frequent Ear Infections      _____ Diabetes _____ Heart defects/disease      _____ Fainting _____ Seizures (type/frequency) Please describe all that are checked: _____ _____ _____ _____
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Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

The camper is under the care of a physician for the following condition(s): \_\_\_\_\_

Current treatment (including medications): \_\_\_\_\_

Any treatments to be continued at camp? \_\_\_\_\_

Surgeries or serious injuries (date): \_\_\_\_\_

Allergies (food, drug, plant, animal, etc.): \_\_\_\_\_

Any recommended restrictions while at camp?: \_\_\_\_\_

Additional Health Information: \_\_\_\_\_

<b>Physician Consent and Signature:</b> I have examined the person listed above and have reviewed the health history. It is my opinion that this camper is capable of engaging in camp activities, except as noted above.	
Signature: _____	Date: _____
Print Name: _____	Office Phone: _____
Address: _____	Emergency Phone: _____
City, State, Zip _____	