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: ascott@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**

Immunization History - 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**

Health History - (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?: ______________________________

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Additional Health Information: ______________________________

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Physician Consent and Signature: **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 ______________________________