

WPSD Summer Camp Physical Examination Form

(Please Print)

Full name of Camp Applicant: _____

Date of birth: ____/____/____

Date of exam: ____/____/ 20____

Height: _____ Weight: _____ lbs. Blood Pressure: _____ Hair color: _____ Eye color: _____

Health History

→	Yes	No		Yes	No
	___	___	Frequent Ear Infections	___	___
	___	___	Cardiovascular Disorders	___	___
	___	___	Epilepsy/Seizures	___	___
	___	___	Diabetes	___	___
	___	___	Bleeding/Clotting Disorders	___	___
	___	___	Asthma	___	___
	___	___	Chicken Pox	___	___
	___	___	Recent Concussions or Head Trauma	___	___
	___	___	Others:	___	___

Explanation: _____

* Allergies (please list if "yes")

→ Major surgeries or serious injuries? _____ Chronic illnesses? _____

→ Physical Limitations? _____

→ Dietary restrictions or requirements? _____ Vegetarian? _____ No pork products? _____ Other? _____

→ Additional handicaps and aid requirements? _____

→ _____ This child **MAY** participate in all camp activities some activities include; swimming, biking, hiking, white water rafting, horseback riding, and ice skating.

_____ This child **MAY NOT** participate due to the following restrictions:

→ Current medication/s: Physician's written orders must be submitted with all prescription medications:

(All medications must be in original containers. NO unmarked bottles or baggies are accepted.)

(Please attach a copy of Immunization Record)

The above applicant has been examined by me.

Licensed physician's name: _____ (Print) Physician's signature _____

Address: _____ Date: _____

Telephone number: () _____