

Physical Examination Form

Developed based on information supplied by: The American Camping Association, Inc., The American Medical Association and The American Academy of Pediatrics

RETURN TO:
(At least one month prior to
beginning of camp.)

Eagle Lake Camp
Camp Forms
PO Box 6819
Colorado Springs, CO 80934

The information on this form is gathered to assist us in identifying appropriate care. Health exam must be completed by a licensed medical physician or nurse practitioner.

Camper Name _____ Birth Date _____
Last First Middle Initial

Health Care Recommendations by Licensed Medical Personnel

I examined this individual on (date) _____.

BP _____ Weight _____ Height _____.

In my opinion, the above applicant is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions

Recommendations and Restrictions at Camp

Treatment to be continued at camp _____

Medications to be administered at camp (name, dosage, frequency) _____

Any medically-prescribed meal plan or dietary restrictions _____

Known allergies _____

Description of any limitation or restriction on camp activities _____

Additional information for health care staff at Eagle Lake Camp _____

Signature of Licensed Medical Personnel (required) _____

Printed _____ Title _____

Address _____

Phone _____ Date _____

For camp use only

Screening Record

Date screened _____ Time _____ am
pm

Meds received _____

Updates/additions to health history noted Yes No None required

Current health needs identified _____
