



DEVON POINT FARM CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

Physical Exams Are Valid For 3 Years From Date of Last Examination

Please Return Completed Form to the Camp PRIOR to the start of Camp!

Camper's Name _____ Date of Birth _____ Phone _____
 Guardian _____ Address _____
 Emergency Contact _____ Telephone _____
 Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

****You may attach a copy of your child's school's proof of vaccinations
and medical health form in lieu of having your physician fill out this form!*******

_____ May participate in all camp activities
 _____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO

If yes, indicate names of medication(s): _____

Date of Exam ____/____/____

Does the individual have allergies? _____ YES _____ NO Explain: _____

Is the individual on a special diet? _____ YES _____ NO Explain: _____

Does the individual have special needs? _____ YES _____ NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Pertussis		
Hepatitis B			Chickenpox		
Mumps			Pneumococcal conjugate		
Diphtheria			Tetanus		
Rubella			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip _____

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number