



Camp Nonesuch Camper Health Form
Physical Examination: To be completed by a licensed physician
within twelve months prior to camper's arrival at camp



Camper's Name: _____

last first middle

CODE: S = Satisfactory U = Unsatisfactory (if unsatisfactory, add explanation)

Temp: _____ Pulse: _____ B.P.: _____ Resp: _____ Height: _____ Weight: _____

Lab work done: _____

Urinalysis: _____

TB Test date and result (optional): _____

Medications taken on a regular basis: _____

Allergies

To medications/other drugs: _____

To Bee stings / insect or spider bites: _____

To Food: _____

Other: _____

General Health

Eyes: _____ Glasses: _____

Ears: _____ Nose: _____

Throat: _____ Teeth/Tongue: _____

Heart: _____ Lungs: _____

Abdomen: _____ Genitalia: _____

Extremities: _____ Posture/Spine: _____

Skin: _____

Immunization Record (DATES REQUIRED)

DPT Series (4): _____

Td Booster if > 10 years since last DPT: _____

MMR Series (2): _____

Polio Series (at least 3): _____

Hepatitis B (3): _____

Varivax or Varicella _____

Other (please specify): _____

Any handicaps or special precautions / restrictions? _____

Overall state of health (brief statement): _____

Physician's Signature: _____ **Date:** _____

Print Name: _____

Address: _____

Telephone: _____ FAX: _____

(CNSCamPEF2009)

Name: _____

last

first

middle

Session: 1 2 3 4