

Camp YOA Medical Form

(to be completed by Family physician) DATE: _____

NOTE: This report will be kept strictly confidential, and will accompany the camp with the camp director. This report will be made accessible to a physician for review in a medical emergency of a camper.

Name _____
First Last

Address _____

Weight _____ Height _____ Date of Birth ____/____/____

Please provide the following information:

Previous Illness	When	Surgery	When
Allergy	_____	Tonsillitis	_____
Asthma, Hives, Eczema	_____	Whooping Cough	_____
Chicken Pox	_____	Food sensitivities	_____
German measles	_____		
Measles	_____	Tonsils	_____
Otitis Media	_____	Appendicitis	_____
Rheumatic Fever	_____	Others	_____
Scarlet Fever	_____		

Please mark and explain:

Any mental instability? _____

Any emotional instability? _____

Allergic to penicillin or any other drugs (list)? _____

Limitations to any?

Athletic activities? _____

Swimming? _____

Hiking? _____

Family history:

- Tuberculosis or any lung trouble
- Frequent colds
- Respiratory infection
- Diarrhea
- Constipation

What childhood diseases or serious illness has the camper had during the past year?

Any recent findings in any of the following areas?

- Eyes
- Ears
- Nose
- Throat
- Teeth
- Heart
- Lungs
- Skin
- Nervous system
- Speech
- Orthopedic
- Endocrine

If you checked yes to any of the above please specify:

Vaccine	1st	2nd	3rd	4th	5th
Poliomyelitis (TOPV)					
DPT and or TD					
Measles (Rubeola-10days, red measles)					
Rubella (German Measles -3 day measles)					
Mumps					
Other					

Some vaccines are available in combination with others such as measles and rubella (M-R) and measles and mumps and rubella(M-M-R). If the camper received any combined vaccine, enter the date in each appropriate box.

* Diphteria, Pertussis or Whooping Cough, and Tetanus –OR- Tetanus and Diphteria only.

Date and results of Terberculosis Mantoux Text: _____

Physician Name _____ Signature or physician _____

Address _____
Street City State Zip

Phone _____ Fax _____