

# Youth Camp Pre-Participation Physical Assessment

## Camper Information

Full Name

Date of Birth

Sex

Age

Parent/Guardian Name

Contact Number

Address

## Medical History

☐ Allergies

☐ Asthma

☐ Diabetes

☐ Seizures

☐ Heart Condition

☐ Other (please specify below)

If any, please describe further

## Current Medications

List medications (with dosages and schedule)

## Immunizations

Up-to-date?

If not, please specify

## Physical Examination

Height

Weight

Blood Pressure

Pulse

Vision

Hearing

Remarks/Abnormal Findings

## Physician Clearance & Signature

Physician Name

Date of Exam

Physician Signature