

Camp Participation Physical Examination Sheet

Camper Information

Name

Date of Birth

Gender

Parent/Guardian Name

Phone Number

Emergency Contact

Medical History

Allergies

Medications

Past Illnesses/Injuries

Other Relevant Medical Information

Physical Examination

Height

Weight

Blood Pressure

Pulse

Vision (L/R)

Hearing

Skin

Teeth

Heart

Lungs

Abdomen

Extremities

Other Findings

Physician's Clearance

This participant is able to engage in all camp activities, except (if any):

Examining Physician's Name

Signature

Date