Name_____

Current State of NH Law regulations REQUIRE a physician's report of physical examination. It may be performed any time in the 24 months preceding the camper's departure date. A physician, physician's assistant, or a licensed advanced nurse practitioner must complete and sign this page, or equivalent form.

PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION

_____D.O.B._____/_____/_____ was examined on _____/_____/_____ and found to be in good health and able to participate in an active camp program.

BP_____ Pulse_____ Height_____ Weight_____

The applicant is under the care of a physician for the following conditions:

_____

_____

Current treatment at the time of this report includes:

_____

_____

Recommendations and Restrictions at Camp

Treatment to be continued at camp:

_____

_____

Medications to be administered at camp (name, dosage, frequency):

_____

_____

Any medically-prescribed meal plan or dietary restrictions: θ Yes θ No

_____

_____

Known allergies:

_____

_____

Description of any limitation or restriction on camp activities: θ None θ Routine Activities θ Competitive Sports θ Mountain Climbing θ Overnights

_____

_____

Additional information for health care staff at the camp:

_____

_____

Signature of Licensed Medical Personnel_____

Printed_____ Title_____

Address_____

Phone_____ Date of this Exam_____

FOR CAMP USE ONLY

Screening Record

Date screened_____ Time_____ am pm

Meds received_____

_____

Updates/additions to health history noted: θ Yes θ No θ None Required

Current health needs identified_____

_____

Observational Notes _____

_____

Screened by_____