2011 Physical Examination Record

To be filled out by your Physician

Name______________________________

Summer Camp Session__________________

Outpost trip/session____________________

PHYSICAL EXAM POLICY:

*You must have a **physical exam within 12 months of the session start date.***

*****Keep a copy of this for your records*****

TO THE EXAMINING PHYSICIAN: We need your help! Camp Manito-wish YMCA is a resident summer camp in Boulder Junction, WI. All staff and campers are required to be physically active, and participate on canoeing, sea kayaking, and/or backpacking trips of varying lengths. Physical activity may include:

~ Strenuous activities during hot weather ~ Carrying heavy packs and /or canoes ~ Walking on uneven terrain ~

It is important to the safety and well-being of all participants that we obtain accurate information regarding this person's current medical status and medical history.

IMMUNIZATION:

You may send a copy of medical office record. Required immunizations must be determined locally. Please record the date (month/year) of basic immunizations and most recent booster doses.

VACCINES		Date of Basic Immunization	
Diphtheria Pertussis (Whooping Cough) Tetanus	DPT/DTaP or	1. 2. 3.	1. 2.
Tetanus Diphtheria	TD or		
Injectable Polio (Salk)			
Oral Polio (Sabin)	TOPV		
Tetanus			
Measles, Mumps, Rubella, or MMR			
Pneumococcus (Prevnar)			
Hepatitis B (HBV)			
Hemophilus Influenza type B (HIB)			
Meningococcus			
Other			

ALLERGIES:

(For example: Medications, Insect Stings, Environmental, Food)

Allergy (list below)	Reaction	Medication Required

PHYSICIAN'S PROGRESS NOTE OR SPECIAL INSTRUCTIONS:

____

____

____

____

****If the participant has diabetes or anaphylactic reactions, please be sure to provide complete treatment information.**

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PHYSICAL EXAMINATION (To be filled out by licensed physician) Name________________________

Code: S - Satisfactory NS - Not Satisfactory (explain) O - Not Examined

Height____________ Weight_____________ B.P. ____________ Hct. or Hgb. Test_____________________

Eyes ______________________
Glasses ______________________
Ears ______________________
Nose ______________________
Throat ______________________
Heart ______________________
Genitalia ______________________
Lungs ______________________
Abdomen______________________

Hernia ______________________
Extremities ______________________
Including:
Shoulder______________________
Knees________________________
Ankles________________________
Feet__________________________
Posture (Spine) ________________
Skin____________________________

ALLERGY:
____
____
____

GENERAL APPRAISAL:
____
____
____

For Females: Has this person menstruated? ______ If not, has she been educated about menstruation? ____________

If so, is her menstrual history normal? ______ Special considerations: ___________________________________

Recommendations and restrictions while in camp:

Special Diet ____
Current Medications ____ **Is parent sending it?__________ (see below)
Strenuous Activity ____
Other ____

TO EXAMINING PHYSICIAN: Please list all Physician Orders for medication or treatment, including vitamins and homeopathic treatments.
**The Health Center will only administer medications for which information is completed below.

MEDICATION

Medication	Dosage	Freq (# days)	route	if prn - indicate reason

TREATMENTS ____
____

If participant is on psychiatric medications, for how long have they been on their current medication routine (dose and frequency)?____

If a change has been made in that last three months, please give more information. ___________________________
____
____
____

PHYSICIAN'S SIGNATURE REQUIRED:

On the basis of your knowledge of the applicant, the applicant's medical history, the present physical examination of this applicant, and your knowledge of the activities in which they will be asked to participate, do you feel this individual is able to participate in the Camp Manito-wish program? YES______ NO______

Physician's Signature____ **Date**______________

Name of Physician (Please Print):____

Complete Address:____

Telephone: ( ) ______________________________ Email: ______________________________________