

CAMP MAUD ISBELL BERGER HEALTH EXAM / RECORD FOR CAMPERS AND STAFF

Physical Exams Are Valid For 3 Years From Date of Last Examination

Please return completed form to:

Camper
 Staff

Dorian Lockett (Director), 134 Wahnee Road, P.O. Box 181, Winchester Center, CT 06094

Phone (203) 565-1724; Fax/Phone (860) 379-3558.

Name: _____ Date of Birth: _____ Phone: _____

Guardian Address: _____

Emergency Contact: _____ Telephone _____

Date of Arrival at Camp Berger: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam: _____

_____ May participate in all camp activities

_____ May participate except for:

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? YES NO

If yes, indicate prescription: _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ State _____ Zip Code _____

Signature of Physician, APRN or PA : _____

Date Form Signed: _____ Telephone Number: _____