

YOUTH CAMP HEALTH EXAM/RECORD

Physical Exams Are Valid For **ONE** Year From Date of Last Examination

NOTE: You may submit a physical exam record instead of this form, as long as it is signed, dated, and was completed between July 2018 and June 2019

**Please Return Completed Form to Camp via Email: steffenemia@gmail.com (preferred)
Or to EMIA, 2 Merry Acres Lane, New Milford, CT 06776, fax 860.210.1986**

Name _____ Date of Birth _____ Phone (____) _____
Guardian _____ Address _____
City _____ State _____ Zip _____
Emergency Contact _____ Phone (____) _____
Date of Arrival at Camp _____ Departure Date _____

TO BE COMPLETED THE SPECIFIED MEDICAL PRACTITIONER

Date of Exam _____

☐ May participate in all camp activities

☐ May participate except for _____

Medical information pertinent to routine care & emergencies _____

Is the individual taking perscription medication? ☐ YES ☐ NO
If yes, indicate perscription(s) _____

Does the individual have allergies? ☐ YES ☐ NO Explain _____

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

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

	Yes/No	Date		Yes/No	Date
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus			Hib (haemophilus influenza type b)		

Comments _____

Print Name of medical care provider _____ Phone (____) _____

Medical care provider's address _____

Medical care provider's city/town _____ State _____ Zip _____

Signature of Physician, APRN or PA

Date of Signature