

CARDINAL BASKETBALL SCHOOL

YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

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

Please Return Completed Form to the Camp

Camper Staff

Name _____ Date of Birth _____ Phone _____
 Guardian _____ Address _____
 Emergency Contact _____ Telephone _____
 Date of Arrival at Camp _____ 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 or over the counter medication(s)? YES NO
 If yes, indicate names of medication(s) _____

Does the individual have allergies? YES NO Explain: _____

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

Does the individual have special needs? 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			Pneumococcal		
Tetanus			Polio		
Conjugate					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's City/Town _____ St _____ Zip Code _____

Signature of Physician, PA, APRN or RN _____

Date Signed _____

Telephone Number _____

CARDINAL BASKETBALL SCHOOL MEDICAL FORM POLICY: all campers must submit this form (or a similar form you may already have on file) on the FIRST DAY of camp. A form must be submitted every summer – we will no longer keep them on file year to year. Please keep a copy of this form to be submitted next year or for other programs your son may attend. Please note that this form is valid for three years after the physical exam date.