



Physician Examination Form

To be completed by Licensed Medical Personnel
(Physician, Physician Assistant or Nurse Practitioner)

Please list the applicant's primary physician if different from the licensed medical personnel filling out the form. The person named below has been accepted to camp and has permission to engage in all camp activities except as noted below. Camp Albrecht Acres (CAA) has been given permission to provide routine health care under the guidance of the camp's medical director, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests by the Camper/Guardian signing the releases section of the camp application. The person named below has also agreed to release any records necessary for treatment, referral, billing, or insurance purposes.

By the camper/guardian signing the releases section on the camp application, CAA has been given permission to arrange necessary related transportation for the person named below. If the guardian/parent cannot be reached in an emergency, they hereby gave permission to the physician selected by the camp to secure and administer treatment, including hospitalization, by signing the releases section of the camp application.

Camper Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Parent/Guardian Name: _____ Relationship: _____ Phone: (____) _____

Primary Physician: _____ Phone #: (____) _____

Medical Assistance/I.D. # _____ Insurance #: _____ Group #: _____

Insurance Company: _____ Insurer's Name: _____

I examined this individual on ___/___/____. Camp Albrecht Acres requires **annual exams**.

ALL exams must be completed on this form and returned to camp *three weeks before camp attendance*.

Medical Exams completed on any other documentation will NOT be accepted. Campers who arrive to camp for their session who do not have a completed Physical WILL NOT be permitted to stay until one is received.

BP: _____ Pulse: _____ Weight: _____ Height: _____

Free of Communicable Disease as of _____

Description of any camp activity restrictions:

Strenuous Exercise/Physical Activity:

Hiking:

Swimming:

Other Restrictions:

Blood/Body Fluid Precaution: (circle one) Yes / No | If yes, Type: _____

Non-Drug Allergies (please explain reaction): _____

Drug Allergies (please explain reaction): _____

Does this person have a history or experienced seizures or convulsions? _____ Date of last seizure: _____

Type of seizures: _____ Frequency: _____

At what point do we call EMS? _____

Additional information regarding seizures: _____

THIS FORM IS TO BE RETURNED NO LATER THAN THREE WEEKS PRIOR TO ATTENDANCE.

Has this person been immunized against the following? If so, the most recent date,

MMR #1 _____ MMR #2 _____ Tetanus _____ Pertussis _____ TB Skin Test _____

Hep B Vaccine #1: _____ Hep B Vaccine #2: _____ Hep B Vaccine #3: _____

If not immunized for tetanus in the past 10 years, please do so prior to attendance.

Is the following normal? If abnormal, please Explain.

Is there a history of the following? If yes, explain.

Normal	Abnormal	Explanation	History	No History	Explanation
		Ears			Asthma
		Nose			Hernia
		Throat			Kidney Disease
		Skin			Diabetes
		Eyes			TB
		Scalp			Hepatitis
		Heart			Heart Disease
		Lungs			Freq. Colds
		Extremities			Stomach Disorders
		Abdomen			Previous Surgery
		Varicosities			Recent Illness
		Genitalia			Other
		Neurologic			

Further recommendations for camp medical staff (current health conditions requiring additional attention, treatment, or special considerations while at camp): _____

I have examined the herein named individual and have reviewed the health history and find this person to be free of any contagious disease. I find this individual able to participate in a camp experience with the previously listed limitations.

Signature of Licensed Medical Personnel

Date

Printed Name

Title

Address

Phone

Fax

**THIS FORM IS TO BE RETURNED NO LATER THAN THREE WEEKS PRIOR TO ATTENDANCE.
ANY CAMPER THAT ARRIVES AT CAMP WITHOUT THIS FORM SIGNED WILL BE SENT HOME.**