

PHYSICAL EXAMINATION FORM

To be filled out by licensed physician.

INSTRUCTIONS
 This Health Form may be separated from Camp Application form.
 Return To: Kadima Encampment or USY Encampment
 1090 King Georges Post Rd., Suite 304 Edison, NJ 08837

NAME OF CHILD: _____ DATE OF EXAMINATION: _____

Please record the date (month and year) of basic immunization and most recent booster doses:

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1	1
Pertussis (Whooping Cough)	2	2
Tetanus	3	
Tetanus		
Diphtheria		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given _____ (most recent)		

Health Examination by Licensed Physician

Code: -- Satisfactory x – Not Satisfactory (explain)

Hgt. _____ B.P. _____ Urinalysis test done _____ Wt. _____ Hgb. Test done _____

Eyes _____ Extremities _____ Glasses _____ Posture (Spine) _____ Ears _____

Skin _____ Nose _____ Allergies (please specify) _____

Teeth _____ Heart _____ Menstrual history _____ Lungs _____ Abdomen _____

Throat _____ Genitalia _____ Hernia _____ General appraisal _____

I have examined the above camp applicant on (date) _____

In my opinion, the above condition does _____/does not _____ preclude his/her participation in an active camp program.

The applicant is under the care of a physician for the following condition(s): _____

Current treatment (include current medication): _____

Is child recovering from addiction, eating disorders or psychological issues? _____

Explanation of any reported loss of consciousness, convulsion, or concussion _____

Does applicant have epilepsy? Yes ___ No ___ Does applicant have diabetes? Yes ___ No ___

Recommendations and Restrictions While at Camp (diet, medicine, treatment, etc.) _____

Additional Health Information _____

X Licensed Physician's Signature _____

Please print physician's full name: _____

Full Address _____ Phone _____

*Initial if completed by nurse or physician's assistant.