

Child's Name

Date of Birth

Male

Female

Physician's Examination

Health Form 

Date of Exam

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in camp activities, which may be strenuous.

Height

Weight

Pulse

Blood Pressure

Hct/Hgb Test

Urinalysis

Please rate the following:

V - Satisfactory

X - Not satisfactory

O - Not examined

Eyes

Glasses/
Contacts

Ears

Nose

Throat

Teeth

Heart

Lungs

Abdomen

Hernia

Extremities

Skin

Posture

General Appraisal

Please address any concerns from above.

Medications

Please list any medications the child is currently taking.

Allergies

Please list any allergies the child may have.

Seizures

Yes No

If yes, please describe and attach seizure protocol, if applicable.

For females:

Yes No

Yes No

Yes No

Special considerations:

Has this person menstruated? If yes, is her menstrual history normal? If not, have they been told about it?

Recommendations and restrictions while at Harbor Haven

Special diet

Swimming

Strenuous activity

Other

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is able to engage in Harbor Haven activities, except as noted above.

Examining Physician's Signature

Today's Date

Physician's Phone #

Physician's Email