Participant Name: _____ **Date of birth:** _____

Siblings Camp Medical Form

The following form must be filled out and signed by the participant's medical provider and returned to Camp Mak-A-Dream. Physical exams must be completed within 12 months of camper's attendance of camp and be returned to Camp Mak-A-Dream 45 days prior to camp.

PHYSICAL EXAMINATION: Date of Examination: _____
Code: Satisfactory (X) Not Satisfactory (O) Not Examined (-)
HT: _____ WT: _____ HEENT: _____
LYMPH:_____ LUNGS: _____ NEURO: _____
HEART: _____ ABD:_____ EXT: _____

If any not satisfactory please explain: _____
_____

ADDITIONAL INFORMATION

- Any current medical conditions: _____
  _____
- Treatment for medical conditions: _____
  _____
- Past surgical procedures in the last 12 months and dates:_____
  _____
- Are immunizations up to date? Yes____ No____ If no, please explain: _____
  _____
- Allergies_____ Reactions: _____
  _____
- Will camper be bringing Epi-pen: Yes:_____ No:_____
- Are there specific restrictions, activity limitations, or suggestions for this participant while at camp? Yes____ No____ If yes, please explain: _____
  _____

Please attach a copy of your active medication list for patient.

PRACTITIONER'S STATEMENT
I have examined _____ who is physically able to engage in camp activities, except for those physical limitations and restrictions listed above.

X _____ _____ _____
Provider's Signature Typed/Printed Name Date

Medical Center / Clinic: _____
Phone number for medical center/ Clinic: _____

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