MAKEMIE WOODS

PHYSICAL EXAMINATION FORM

All campers must have a physical examination within 2 years prior to the opening date of camp. A copy of a physical exam form done for another purpose is acceptable, as long as it bears the examining physician's signature. Please take this form with you when your child has his/her physical and be sure to obtain physician's signature before returning to: **Makemie Woods, PO Box 39, Barhamsville VA 23011**
FAX: 757/566-8803

Camper _____ DOB _____ Age _____ Sex ____
Last First M/I

Address _____
Street City State Zip

Parent's/Guardian's Name _____

Home Phone _____ Work Phone(s)_____

IMMUNIZATION HISTORY (This section can be completed by parent/guardian)

Required immunization must be determined locally. This is a record for the attending physician. Please give date of basic immunization and of most recent booster:

Diptheria, tetanus, pertussis (DTaP) or (TdaP) _____ Tetanus booster _____

Meningococcal Meningitis (MCV4)_____ Pneumococcal (PCV) _____

Hep B _____ Hep A _____ Varicella (Chicken Pox) _____

MMR _____ Polio (IPV) _____ Influenza type B (HIP) _____

TB Test _____ result: _____ Garadisil _____

MEDICAL EXAMINATION To be filled out by licensed physician. This examination is for determining fitness to engage in strenuous activities.

Height _____ Weight _____ B.P. _____

Strongly recommended but not required: Hgb. Test _____ Urinalysis _____

PLEASE CODE: S = Satisfactory NS = Not Satisfactory NE = Not Examined

Eyes _____ Glasses _____ Ears _____ Nose _____ Throat_____ Extremities _____

Teeth _____ Heart _____ Lungs_____ Abdomen ___ Hernia_____ Posture (spine) _____ Skin _____

Known Allergies_____

Current treatment or medication taken on a regular basis _____

General appraisal, activity restriction, and other comments (use reverse of this sheet if needed)

I have examined the person herein described and have reviewed his/her medical history. I understand that the summer camp program includes but is not limited to running, hiking, swimming and other strenuous activities. It is my opinion that he/she is physically able to engage in strenuous camp activities, except as noted on this sheet.

Date of Examination: _____
Physician's Signature _____ Date Signed _____
Physician's Name (Please print or type) _____
Address _____ Phone _____