

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**

Physical Exams Are Valid 3 Years
From Date of Last Examination

___ Camper

___ Staff

PLEASE RETURN COMPLETED FORM TO:

The Children's Museum
950 Trout Brook Drive
West Hartford, CT 06119
Or fax to
(860) 232-0705

Name _____ Date of Birth _____ Phone _____

Parent/Guardian _____

Address _____ Town _____ State _____ Zip _____

Emergency Contact _____ Phone _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam

___ May participate in all camp activities

___ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? Yes No
If yes, indicate prescription: _____

Does the individual have allergies? Yes Explain: _____ No

Is the individual on a special diet? Yes Explain: _____ No

This camper/staff is up to date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments:

Print Name of Medical Care Provider: _____

Medical Care Provider's Address: _____

City/Town _____ State _____ Zip Code _____

Signature of Physician, APRN or PA

Date Form Signed

Phone