



## PHYSICAL EXAMINATION

**To be filled out by licensed physician.**

**(Within three months prior to camper's arrival at camp to permit correction of any remedial defects)**

Code: Satisfactory  
Not Satisfactory (Explain)

Hgt. \_\_\_\_\_ B.P. \_\_\_\_\_ Urinalysis test done: \_\_\_\_\_  
Wt. \_\_\_\_\_ Hgb. Test done: \_\_\_\_\_  
Eyes \_\_\_\_\_ Glasses \_\_\_\_\_  
Extremities \_\_\_\_\_ Posture (spine) \_\_\_\_\_  
Ears \_\_\_\_\_ Skin \_\_\_\_\_  
Nose \_\_\_\_\_ Allergy – Please specify \_\_\_\_\_  
Throat \_\_\_\_\_ Emotional Stability \_\_ Much \_\_ Some \_\_ Little \_\_ None  
Teeth \_\_\_\_\_ Maturity \_\_ Much \_\_ Some \_\_ Little \_\_ None  
Heart \_\_\_\_\_ Any Personal Problems \_\_ Much \_\_ Some \_\_ Little \_\_ None  
Lungs \_\_\_\_\_ Any Behavior Problems: Explain \_\_\_\_\_  
Abdomen \_\_\_\_\_ Any Learning Problems: Explain \_\_\_\_\_  
Genitalia \_\_\_\_\_ Menstrual History (for girls only) \_\_\_\_\_  
Hernia \_\_\_\_\_ General Appraisal \_\_\_\_\_

Recommendations and restrictions (diet, medicine, swimming, diving, etc.) \_\_\_\_\_  
\_\_\_\_\_

Significant Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D.P.T Series _____	Booster _____	date _____
Tetanus Booster _____		date _____
Polio Series _____	Booster _____	date _____
Small Pox _____		date _____
Typhoid Series _____	Booster _____	date _____ (if required by camp)
Measels _____	Booster _____	date _____
Mumps _____	Booster _____	date _____
Rubella _____	Booster _____	date _____
Haemphilis (Hib) _____	Booster _____	date _____

Signature Examining Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_