



2010 Physical Examination Form

Social Service Regulation: In addition to current parent/ guardian provided health history, Camp Como must have a statement confirming a physical examination has been performed within the preceding 24 months by a Doctor or Licensed Nurse Practitioner. Also, Camp Como **MUST** have **CURRENT WRITTEN** authorization from the Health Care Provider for any required prescription or non-prescriptive medicines. You may use the form below or send a copy of a current physical examination including immunization dates.

Physical Examination (Doctor or CNP to Complete)

Camper's Name: _____ Birth date: _____ Camp Date: _____

I have examined this person within the past 24 months and found him/her capable of active participation in a regular camp program except as follows:

List any known Allergies: _____

Medication which camper must take: (include prescription & non-prescription medicine, dose, frequency)

Medication	Dosage	Frequency	Reason for taking	Physician
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Date of last physical exam: _____

Date of Immunizations*(or attach immunization record):

DPT: _____

Polio: _____

Measles: _____

Mumps: _____

Rubella: _____

Hepatitis B: _____

Last Tetanus Booster: _____

*We do accept campers that are non-immunized; we will need a signed waiver from a parent of guardian for exemption.

Signature of Physician or Nurse Practitioner: _____

Date: _____ **Address:** _____ **Phone:** _____