



**CAMPER'S PHYSICAL EXAMINATION 2018**  
(MUST BE FILLED OUT BY LICENSED PHYSICIAN)

NAME: LAST, FIRST	DATE OF BIRTH	GRADE September 2018
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➤ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_

➤ Glasses  yes  no      Contact lenses  yes  no

➤ Allergies  yes  no      If "yes" list \_\_\_\_\_  
 Benadryl     Epi-pen

➤ Dietary restrictions  yes  no      If "yes" list \_\_\_\_\_

➤ Physical restrictions  yes  no      If "yes" list \_\_\_\_\_

➤ Which of the following has the camper had?  
 Measles     Hepatitis A     Hepatitis B     Hepatitis C     Mumps  
 German measles     Chicken Pox

I give the nurse at Camp Allsport permission to administer medications that have been approved by parent as per package instructions.

In my opinion, the above camper is able to participate in all camp programs.

Please attach immunizations if child's records are in any state out of N.Y.

\_\_\_\_\_  
Physician's signature & stamp

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Forms may be faxed to Camp Allsport at 718-504-4263 or emailed (in the form of an attachment) to [nurse@campallsort.com](mailto:nurse@campallsort.com).