



CAMPER'S PHYSICAL EXAMINATION 2019

(MUST BE FILLED OUT BY LICENSED PHYSICIAN)

NAME: LAST, FIRST	DATE OF BIRTH	GRADE September 2019
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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@campallsport.com.