CAMPER'S PHYSICAL EXAMINATION 2020

(MUST BE FILLED OUT BY LICENSED PHYSICIAN)

NAME: LAST, FIRST	DATE OF BIRTH	GRADE September 2020

- 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.