



# STAFF PHYSICAL EXAMINATION 2021

(MUST BE FILLED OUT BY A LICENSED PHYSICIAN)

NAME: LAST, FIRST	DATE OF BIRTH	GRADE SEPTEMBER 2021
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➤ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ B/P \_\_\_\_\_ / \_\_\_\_\_

➤ Has the staffer tested positive for Covid 19?  yes  no If "yes" \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Does staffer have Covid 19 antibodies?  yes  no  unknown If "yes" \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of latest results

➤ 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 \_\_\_\_\_

➤ Has the staffer had any of the following?:

Measles  Hepatitis A  Hepatitis B  Hepatitis C  Mumps

German Measles  Chicken Pox

I give the nurse/medical staff at Camp Allsport permission to administer medications that have been approved by the parents according to package instructions.

In my opinion, the above staffer is able to participate in all camp activities.

Attach immunizations if the staffer 's records are in any state other than New York.

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

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