



CAMPER'S PHYSICAL EXAMINATION 2022

(MUST BE FILLED OUT BY A LICENSED PHYSICIAN)

NAME: LAST, FIRST	DATE OF BIRTH	GRADE SEPTEMBER 2022
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➤ Ht. _____ Wt. _____ B/P _____ / _____

➤ Has the camper tested positive for Covid 19? yes no If "yes" ___/___/___
Date

Does camper 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 camper 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 camper is able to participate in all camp activities.

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

Physician's signature & stamp

_____/_____/_____
Date