



CAMPER'S PHYSICAL EXAMINATION 2024

(MUST BE FILLED OUT BY A LICENSED PHYSICIAN)

| | | |
|-------------------|---------------|----------------------|
| NAME: LAST, FIRST | DATE OF BIRTH | GRADE SEPTEMBER 2024 |
|-------------------|---------------|----------------------|

- Ht. _____ Wt. _____ B/P _____ / _____
- 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

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