

Applicant's Name

Session

Birth Date

Male Female

Physician's Examination

HEALTH FORM 

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height	Weight	Pulse	Blood Pressure	Hct/Hgb Test (if appropriate)	Urinalysis (if appropriate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please rate the following:

V - Satisfactory
X - Not satisfactory
O - Not examined

Eyes	Ears	Nose	Throat	Lungs	Heart	Abdomen	Genitalia	Hernia	Extremities	Posture	Skin	Neuro
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Appraisal

Please address any concerns from above.

Medications

Please list any medications the applicant is currently taking.

Allergies

Please list any allergies the applicant may have.

Immunizations

Are immunizations up to date? Yes No

Current Medical Problems and Treatments

Use a second sheet if needed.

Recommendations

List restrictions on the applicant at camp.



All forms should be in by July 1st and should be mailed to:

Camp O-AT-KA
593 Sebago Road, PO Box 239
Sebago, ME 04029

info@campoatka.com
Fax: (207) 787-3930



I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

I examined the applicant today Yes No

Name of Doctor	Signature	Date
Contact Information		