

# Maine Youth Fish & Game Association Camp Health Form (Page 1 of 2)

Camper's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: M / F Age: \_\_\_\_\_

Parents: MYFGA requires that you submit a copy of a health examination by a licensed physician that has been conducted within the past two years. Please include any recent changes in health history or medication. If your child needs a new health examination, please use the form below.

If you attach a different form (from school athletics, etc.) please make sure it addresses all of the questions on our form, and note any minor changes here:

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## Physician's Assessment

Note to examining physician: This applicant will be participating in activities such as boating, hiking, snowshoeing, fishing, and physical recreation. Since it may be necessary for a physician to see this applicant during his/her stay at camp, it is important to have an accurate medical history. Your cooperation in making a careful examination is greatly appreciated to ensure a quality and safe camp experience. Thank you!

The applicant is under care of the physician for the following conditions:

\_\_\_\_\_

I have examined the applicant within the past 2 years: **YES / NO** (circle one)

Date examined: \_\_\_\_\_

## Immunization History

Is the camper up to date on his/her immunizations? **YES / NO** (circle one)

Please attach a record of these immunizations or complete the following:

Vaccine	Date of Basic Immunization	Date of Last Booster
DTaP		
Oral Polio		
MMR		
Varicella		
Tetanus		
Hepatitis Series		
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
Covid 19		

### **Health History - please provide approximate dates when applicable:**

Frequent ear infections \_\_\_\_\_  
Heart defect / disease \_\_\_\_\_  
Seizures/epilepsy \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Bleeding/Clotting Disorder \_\_\_\_\_  
Hypertension \_\_\_\_\_  
Tuberculosis \_\_\_\_\_  
Hay Fever \_\_\_\_\_  
Poison Ivy or Sumac \_\_\_\_\_

Mononucleosis \_\_\_\_\_  
Chicken Pox \_\_\_\_\_  
Measles \_\_\_\_\_  
German measles \_\_\_\_\_  
Mumps \_\_\_\_\_  
Asthma \_\_\_\_\_  
Hepatitis \_\_\_\_\_  
Insect bites - severe reaction \_\_\_\_\_  
Medicine allergy/reaction \_\_\_\_\_

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Allergies? (Latex, foods, medication, etc.) \_\_\_\_\_

Surgeries or serious injuries? (Dates) \_\_\_\_\_

Disability or chronic recurring illness? \_\_\_\_\_

Does the applicant have epilepsy? YES / NO Does the applicant have diabetes? YES / NO

Please explain any reported loss of consciousness, convulsion, or concussion if different from above:

\_\_\_\_\_

Current medications: \_\_\_\_\_

Any side effects or medication-based reactions the camp should be aware of?

\_\_\_\_\_

**Please note medications that will need to be administered at camp: (name, dosage, time, etc.)**


Any medically prescribed dietary restrictions? \_\_\_\_\_

Additional Health Information: Are there any other health issues that the camp should be aware of?

\_\_\_\_\_

Restrictions on participation:

\_\_\_\_\_

In my opinion, the person's condition **DOES / DOES NOT** (circle one) preclude this camper's participation in a reasonably active camp program:

**\*\*Licensed Physician's Signature:** \_\_\_\_\_

Physician's printed name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the camper's parent/guardian so it can be **uploaded in the Active Network system**.

Please upload this form to the Active Network registration system.

Contact Chad Caron for Registration/Active Network questions [chad.caron@maineyouthfishandgame.org](mailto:chad.caron@maineyouthfishandgame.org)

Contact Bryan Muphy for Camp Activity/Policy questions [bryan.murphy@maineyouthfishandgame.org](mailto:bryan.murphy@maineyouthfishandgame.org)

**CAMPER RESERVATIONS ARE ONLY SECURE ONCE FORMS ARE RECEIVED**