

# Health Examination for MYFGA Summer/Winter Camp

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

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

Parents: Maine Youth Fish & Game Association requires a copy of a health examination performed by a licensed physician conducted **within the last two years** (of 2024's camp start date). Please include any recent changes in health history or medication.

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

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## Physician's Assessment (page 1 of 2)

Note to examining physician: This applicant will be participating in activities such as boating, hiking, 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 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 #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

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

Please return this form to the camper's parent/guardian.

***Forms need to be uploaded in PDF format to your Active Network camp registration account.***

Uploading/Active Network Questions Email [treasurer@maineyouthfishandgame.org](mailto:treasurer@maineyouthfishandgame.org)

Medical Questions Email [vanessa.koch@rsu34.org](mailto:vanessa.koch@rsu34.org)

**CAMPER'S RESERVATION SECURED WHEN ALL FORMS ARE RECEIVED**