

Maine Youth Fish & Game Association
Camp Health Examination Form

Camper Information

Name: _____ DOB: _____

Gender: M / F _____ Age: _____

Parent/Guardian _____

Name(s): _____

Physician Examination Requirement

A physical examination by a licensed physician is required **within two years** of camp's start date. Parents/guardians include any recent changes to health history or medications.

Physician's Assessment (page 1 of 2)

Immunization History

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

Complete the following or attach a record of these immunizations.

Vaccine	Date of Basic Immunization	Date of Last Booster
DTaP		
Oral Polio		
MMR		
Varicella		
Tetanus		
Hepatitis Series 1 st		
2 nd		
3 rd		

Health History (Check Yes or No)

	Yes	No		Yes	No
Frequent ear infections			Mononucleosis		
Heart defect / disease			Chicken Pox		
Seizures/epilepsy			Measles		
Diabetes			Hepatitis		
Bleeding/Clotting			Mumps		
Hypertension			Asthma		
Epilepsy			Allergies (list on page 2)		

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List Allergies (Latex, foods, medication, etc.) _____

Surgeries or serious injuries (Dates) _____

Disability, chronic illness, or treated conditions _____

Explain any loss of consciousness, convulsion, or concussion if different from above:

Current medications & potential side effects camp staff should be aware of:

Medications that will need to be administered at camp: (name, dosage, time, etc.)

Any medically prescribed dietary restrictions? _____

Other health concerns or restrictions?

Physician's Statement of Fitness

This camper will be participating in physical activities such as boating, hiking, & recreation.

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

They **DO / DO NOT / NOT APPLICABLE (circle one)** have the knowledge and skills necessary to safely administer any prescribed emergency medication listed above.

Date of last physical examination: _____

Licensed Physician's Signature: _____ **Date:** _____

Printed name: _____ Phone: _____

Parent/Guardian's Signature: _____ **Date:** _____

I certify that the health information provided on this form is complete and accurate to the best of my knowledge. I understand that this information will be used to help ensure the safety and well-being of my child while participating in camp activities.