



Camper Name: _____

Date of Birth: _____

Session Start Date: _____

CAMP IHDUHAPI

Health Exam Form

Physical exams are required within 12 months upon arrival at camp. A new health exam form must be completed and submitted each year. Please bring completed form with you on the first day of camp.

Camper's Legal Name: _____ Date of Birth: _____ Date of Medical Evaluation: _____

In my opinion, this person's condition does does not allow his/her participation in an active camp program.

Please describe any restrictions for participation: _____

Current treatment to be continued at camp (include current medications): _____

Explanation of any reported loss of consciousness, convulsion, or concussion: _____

This person is allergic to the following (food, medication, etc.): _____

Treatment for allergic response: _____

Any medically prescribed meal plan or dietary restrictions: _____

Any specific safety considerations (no top bunk, lifejacket required while swimming, weight restrictions camper can carry, necessary medications, etc): _____

Does this person have epilepsy? Yes No

Is this condition able to be controlled by camper? Yes No

Does this person have diabetes? Yes No

Is this condition able to be controlled by camper? Yes No

Does this person have asthma? Yes No

Is this condition able to be controlled by camper? Yes No

Immunization History: Provide the month and year for the tetanus immunization or send print-out from Physician's office.

Date of last Tetanus: _____ I Agree all other immunizations are up to date

Additional Parental or Doctor Notes: Include any other medical information that will assist us in making camp a positive experience. Attach additional paper if needed. _____

Physician or Nurse Practitioner Signature: _____ Clinic Name: _____

Office Phone: _____ Clinic Address: _____

Date of Form Completion: _____

Questions?

YMCA Customer Service Center

651 Nicollet Mall, Ste 500

Minneapolis, MN 55402

Phone: 612-822-2267 | Fax: 612-223-6322

Upload document at ymcamn.org/contact_us