



Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Session Start Date: \_\_\_\_\_

# CAMP WARREN

## 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.

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: \_\_\_\_\_

**Please return this form:**

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](http://ymcamn.org/contact_us)