H-2

STAFF

Please return by March 1 to:
CAMP APOLLO
Post Office Box 34
Plainview, NY 11803

CAMP APOLLO

MEDICAL EXAM FORM 2019

Name:_____ **Birth Date:**_____
Last First

Date of Physical Exam:_____

MEDICAL EXAMINATION – An examination for some other purpose within the year is acceptable. It is not necessary to fill this form out if your physician has provided their own physical exam form. The exam must be an updated yearly physical!

TO BE COMPLETED AND SIGNED BY PHYSICIAN

Height:	Eyes:
Weight:	Ears:
Blood Pressure:	Nose & Throat:
Pulse:	Mouth & Teeth:
	Heart:
Urinalysis:	Lungs:
	Abdomen:
	Scoliosis:
ALLERGIES:	

Recommendations and restrictions while in camp:

Dietary Restrictions_____

Under Physicians Care for the following conditions: _____

Current Medications (name)_____ Is parent sending medicine to camp? _____

Doctor prescription MUST be included for any medication, including over the counter medications. See forms H-3 and H-4.

I have examined the person herein described and have reviewed his/her health history. It is my opinion that s/he is physically able to engage in camp activities, except as noted above.

_____M.D. _____ Address: _____
Examining Physician Date

_____

IMMUNIZATION HISTORY – Please send on a separate sheet. This is to be completed by a licensed physician. This is a record of basic immunizations and most recent booster doses.