

Camper's Name:

Dates Attending Camp:



Physician's Examination

This examination must be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable.

Height	Weight	Pulse	Blood Pressure

Please rate the following: V- Satisfactory X- Not Satisfactory O- Not Examined

Eyes	Ears	Throat	Lungs	Heart	Abdomen
Genitalia	Hernia	Posture	Skin	Neuro	Extremities

1. To the best of my knowledge, I believe that this camper will be able to partake in a camp program being offered in June, July or August of 2023. The camper is independent in toileting and will be able to ambulate independently over wooded paths and trails to get from one area of the camp to another.

_____ Yes _____ No [specify]:

2. Is the camper currently being treated for any physical/psychiatric conditions?

_____ Yes _____ No If YES, what condition(s)/explain:

3. Does camper have any communicable diseases?

_____ Yes [specify]: _____ No

4. Is there other information or special concerns regarding this camper?

Name of Doctor/Nurse Practitioner/Physician Assistant:

Signature:

Date of Examination:

E-Mail To: Camp@CampWhitman.org

Fax To: (315) 707-3043