PHYSICAL EXAMINATION

(To be filled out by physician)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Shootin' School Basketball Camp.

Immunization History – This is a record of dates of basic immunization and most recent booster doses.

DPap, DTP or TD Date_____Date_____Date_____
Polio Date_____Date_____Date_____
MMR Date_____Date_____ Date_____
HIB Date_____Date_____Date_____
HepB Date_____ Date_____Date_____
Varicella Date_____ Date_____ Date_____
Other Date_____ Date_____ Date_____

Medical Examination – To be filled out by licensed physician

Examination is acceptable when performed no more than 12 months prior to arrival at camp. (If not using this form, please attach most recent physical of no more than 12 months prior to start date of camp).

General appraisal noting any conditions which may impacts child's participation at camp:_____

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

_____
Examining Physican Signature

_____
Physician's Name (Please Print)

Telephone_____ Address_____

Date of Exam _____

Health History: (Check, if applicable, giving approximate dates)

Allergies:		Diseases:	
Ear Infections		Hay Fever		Chicken Pox	
Rheumatic Fever		Poison Ivy		Measles	
Convulsion		Insect Stings		German Measles	
Diabetes		Penicillin		Mumps	

Behavior _____ Other Drugs _____
Other Contagious Illnesses _____Asthma _____

Other Past Illnesses _____
Operations or Serious Injuries (dates) _____
Hospitalizations (dates)_____
Chronic or Recurring Illness _____
Conditions that require activity to be restricted? _____
Appliance worn (glasses, contacts, etc.) _____
Medications taken _____
Suggestion from Parent/Guardian _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to Shootin' School and/or CYO staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____Signature _____ Date_____
Phone _____