CAMP Physician's Report - Campers

Name:_____ EXAM Date:_____ DOB: _____ Gender:_____

Diagnoses – *List ALL Chronic or Permanent Dx's*	Status of Diagnoses

Check if any COVID-19 Risk Conditions (cdc.gov)

- ❒ Cancer
- ❒ Chronic kidney disease
- ❒ Chronic liver disease
- ❒ Chronic lung disease/COPD/Asthma
- ❒ Dementia / neurological conditions
- ❒ DM Type 1 or 2
- ❒ Down syndrome
- ❒ Heart conditions
- ❒ Immunocompromised state / HIV
- ❒ Mental health conditions
- ❒ Overweight / Obesity
- ❒ Sickle cell disease
- ❒ Smoking / Substance use
- ❒ Solid organ / blood stem cell transplant
- ❒ Stroke / Cerebrovascular disease
- ❒ Tuberculosis

If COVID-19 Vaccine, date of final dose: _____
Booster date, if applicable: _____

Physical Exam: HT:_____ WT: _____ HR: _____ BP: _____ RR: _____

	Normal	Abnormal	Explain, if necessary
HEENT:	❒	❒	
Neck:	❒	❒	
Lungs:	❒	❒	
Heart:	❒	❒	
Abdomen:	❒	❒	
Genitals:	❒	❒	
Spine:	❒	❒	
Extremities:	❒	❒	
Neuro:	❒	❒	
Skin:	❒	❒	

Medications: List every routine and PRN medication orders for this camper. If the camper has other medical orders, please include those also.
All medication bottles must match orders OR a doctor signed note must be provided at check-in. Attach list if needed.

Medication Name & Strength	Dose & Frequency	Times	Purpose of Medication

Allergies:

Immunizations: Date of last tetanus: _____ Immunizations up to date? ❒ Yes ❒ No *Date of last Flu Shot*:_____
Immunization Record is attached to this form? ❒ Yes ❒ No *(Affidavit must be on file with CAMP for exemptions.)*

List all restrictions and recommendations: *(All CAMP activities will be supervised and modified to meet the camper's needs.)*

C-Spine film results (most recent) are required for all campers with a Down syndrome diagnosis.
Date/Results:

Camper has an out of hospital DNR order? ❒ Yes ❒ No (*If yes, Parent/LAR must email us at familysupport@campcamp.org*)

Physician/NP Signature: _____ Today's Date: _____
Printed Name: _____ Phone: (____) _____ Fax :(_____) _____
Address: _____ City:_____ State: _____ Zip:_____

Medical Office: All fields are mandatory, "N/A" is acceptable if a field does not apply. An incomplete or illegible form will not be accepted.

Parent/Guardian/LAR: This form is required based on a physical exam within one year of the upcoming camp session. Please ensure **all fields** are *completed by a medical primary care provider.* UPLOAD the completed form to your camper's application *or* E-MAIL to familysupport@campcamp.org.

Rev. 01/2023