

People With Smile Camp: Physical Examination Form

Name: _____ Exam Date: _____ DOB: _____ Gender: M F

Diagnoses - List all chronic or permanent Diagnoses	Status of Diagnoses

Physical Exam:	HT _____	WT _____	HR _____	BP _____
	Normal	Abnormal	Explain, if necessary	
HEENT:	<input type="checkbox"/>	<input type="checkbox"/>		
Neck:	<input type="checkbox"/>	<input type="checkbox"/>		
Lungs:	<input type="checkbox"/>	<input type="checkbox"/>		
Heart:	<input type="checkbox"/>	<input type="checkbox"/>		
Abdomen:	<input type="checkbox"/>	<input type="checkbox"/>		
Genitals:	<input type="checkbox"/>	<input type="checkbox"/>		
Spine:	<input type="checkbox"/>	<input type="checkbox"/>		
Extremities:	<input type="checkbox"/>	<input type="checkbox"/>		
Neuro:	<input type="checkbox"/>	<input type="checkbox"/>		
Skin:	<input type="checkbox"/>	<input type="checkbox"/>		

Medications: List all routine and PRN medication orders. If camper has other medical orders, please include those also. All medication bottles must match orders OR a doctor signed note must be provided during check in.

Medication - List Name & Strength	Dose/Frequency	Times	Purpose of Medication

Allergies: _____

Immunizations: Date of last tetanus: _____ Immunizations up to date? Y N
 (An affidavit must be on file for exemptions.) Immunization record is attached to this form Y N

List any behavioral/emotional concerns:

List all restrictions and recommendations: (Camp activities will be supervised and modified as needed for camper)

Physician/PNP Signature: _____ Today's Date: _____
 Printed Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

All fields are mandatory. "N/A" is acceptable if a field does not apply.

Camper's registration is not complete until all documents, including this one, are uploaded into the camper's CampDoc account.