

Camper Health Examination Form
Adventureland Day Camp
97 Fieldstone Rd. / Levittown, PA 19056
(For Physician to complete and sign.)

Camper's Name _____ Age:- _____

_____ *Last* _____ *First* _____ *M.I.*
Date Examined (must be within the **past 2 years** to be current): _____

Date Last Tetanus _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

The applicant is under the care of a physician for the following condition(s): _____

—

Current Treatment (include current medication): _____

—

Explanation of any reported loss of consciousness, convulsion, or concussion: _____

—

Does the applicant have epilepsy? Yes No Does the applicant have diabetes? Yes No
(circle one) (circle one)

If Yes, Please give Details: _____

Recommendations and/or Restrictions While at the Camp:

Any treatment to be continued at camp: _____

Any medication to be administered at camp (specific dosage): _____

Any Dietary Restrictions: _____

Any allergies (food, drugs, plants, insects etc.): _____

Activities to be limited: _____

Additional Comments / Information (Use back if needed): _____

*Licensed Physician's Signature: _____

Address: _____ Phone: _____

— *Street & Number* *City* *State* *Zip* *Area / Number*

Date of Form Completion: _____

*P--

(Par Doc-4)

Mail To: Adventureland Day Camp
97 Fieldstone Road
Levittown, PA 19056