

# Camper Health Examination Form

Adventureland Day Camp

6401 Hulmeville Rd, Bensalem, PA 19020

**(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: \_\_\_\_\_

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(Par Doc-4)

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