Camper's Full Name	 <u> </u>
amper's Date of Birth	

2019 Camper Physical Form

THIS FORM TO BE COMPLETED BY A PHYSICIAN

THE OBJECTIVES OF THIS EXAMINATION ARE TO DETERMINE THAT THIS CHILD:

Is physically fit to engage in strenuous activities without harm to himself/herself or others

veignt: Height	: B.P		
Code: (□) Normal; (X) Abnormal (Ex	cplain)		
1 Skin		□ Nose	
Chest		□ Extremities	
Heart		☐ Spine	
□ Ears		□ Teeth	
		□ Neurologic	
enstrual History:			
ecommendations and restrictions	(diet, activity restrictions): _		
llergies:			
lose the camper have chronic mos	lical problems, emotional dif	ficulties, eating disorders or behavioral issues of which you are aware	
oes the camper have chilotic filec			
Yes □ No If yes, please describe	the condition:	? Yes No If yes, please list medications or nutritional supplements	
Yes No If yes, please describe oes camper take routine medicatio o coincide with N.C. law for sch	ns or nutritional supplements	? Yes No If yes, please list medications or nutritional supplements ion Name require the following immunizations:	
Yes No If yes, please describe	ns or nutritional supplements	? Yes No If yes, please list medications or nutritional supplements ion Name require the following immunizations: *Required by NC State law	
Yes No If yes, please describe oes camper take routine medicatio coincide with N.C. law for sch	ns or nutritional supplements	? □ Yes □ No If yes, please list medications or nutritional supplements ion Name require the following immunizations: *Required by NC State law **Required by State law if child is 12 years or older	
Yes No If yes, please describe oes camper take routine medicatio coincide with N.C. law for sch *DTP / DTaP/ DT **dT/TdaP	ns or nutritional supplements	? □ Yes □ No If yes, please list medications or nutritional supplements ion Name require the following immunizations: *Required by NC State law **Required by State law if child is 12 years or older ***Required by State law for children born on or after 10/01/88	
Yes No If yes, please describe oes camper take routine medicatio coincide with N.C. law for sch *DTP / DTaP/ DT **dT/TdaP *Polio (IPV/OPV)	ns or nutritional supplements	? □ Yes □ No If yes, please list medications or nutritional supplements ion Name require the following immunizations: *Required by NC State law **Required by State law if child is 12 years or older ***Required by State law for children born on or after 10/01/88 ****Required by State law for children born on or after 07/01/94	
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Yes No If yes, please describe To coincide with N.C. law for sch *DTP / DTaP/ DT **dT/TdaP *Polio (IPV/OPV) ***Hib ****Hepatitis B *MMR (combined doses)	ns or nutritional supplements	?	
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