

Melody Pines Day Camp, Inc.
UNIVERSAL HEALTH FORM FOR CAMP

Name: _____

D.O.B.: _____ Date of Exam: _____

WT: _____ HT: _____ BP: _____

VISION: _____ HEARING: _____

IMMUNIZATIONS:

Date of Last Tetanus: _____

Date of Repeat MMR _____

Date of Hepatitis _____

PHYSICAL EXAM:

Normal: Y or N (please circle)

Exceptions/Abnormalities: _____

Cleared for participation: Y or N (please circle)

(Swimming, boating, sports, all camp activities)

Exceptions to participation: Y or N (please circle)

(Note exception(s) below)

Medications: _____

Allergies: _____

PHYSICIAN'S SIGNATURE: _____

DATE: _____