

**DUE  
MAY 1**

This page must be completed by a licensed physician.  
Only physicals in which the exam was completed after **JUNE 1, 2022**, will be accepted.  
Please upload this form directly to your parent account or fax to (570) 620-1692 by May 1st, 2023.

Camper Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_  
MM / DD / YY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Heart: \_\_\_\_\_

General Condition \_\_\_\_\_  
Ears \_\_\_\_\_  
Eyes \_\_\_\_\_  
Nose \_\_\_\_\_  
Mouth \_\_\_\_\_  
Heart \_\_\_\_\_  
Lungs \_\_\_\_\_  
Abdomen \_\_\_\_\_  
Skin \_\_\_\_\_  
Posture and Spine \_\_\_\_\_  
Nutrition \_\_\_\_\_  
  
Physical Conditions \_\_\_\_\_  
(asthma, diabetes) \_\_\_\_\_  
  
Mental Conditions \_\_\_\_\_  
(anxiety, depression) \_\_\_\_\_  
  
Allergy (animal, food, \_\_\_\_\_  
drug, other) \_\_\_\_\_  
  
Medication \_\_\_\_\_  
Does this camper regularly take medication?  
 Yes  No (If yes, please specify)  
\_\_\_\_\_  
\_\_\_\_\_

Will this be required at camp?  Yes  No

<b>IMMUNIZATIONS</b>	
Please record the most recent immunizations for the following or attach a copy of the child's immunization records to this exam:	
	Month / Year
DTP/DTap	_____
TD (tetanus/diphtheria)	_____
MMR	Dose 1: _____ Dose 2: _____
HIB	_____
Polio	_____
Varicella (chicken pox)	_____
Hepatitis B	_____
Meningococcal	_____
Flu Shot	_____
TB Mantoux Test (Optional)	_____ Result: <input type="checkbox"/> Pos. <input type="checkbox"/> Neg.
COVID-19 Vaccine	Dose 1 _____ Mfr. _____
(Optional)	Dose 2 _____ Mfr. _____

I believe this child is able to attend camp and participate in all camp activities with the following restrictions and recommendations (include specific instructions on medications, treatments and diet):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SIGNATURE AND DATE OF EXAM REQUIRED

Examining Licensed Physician's Signature: \_\_\_\_\_

Physician's Name (PRINT): \_\_\_\_\_

Date of Exam: \_\_\_\_\_ **(Physical must be dated after June 1, 2022)**

**2023  
CAMPER**