

**DUE  
MAY 1**

This page must be completed by a licensed physician.

Only physicals, in which the exam was completed after **JUNE 1ST 2024**, will be accepted.

Please upload this form directly to your parent Campintouch account or fax to (570) 620-1692 by May 1st.

Camper Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

MM / DD / YY

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

### PHYSICAL & MENTAL NOTES

General Condition \_\_\_\_\_  
 Ears \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Nose \_\_\_\_\_  
 Mouth \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Lungs \_\_\_\_\_  
 Abdomen \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Posture and Spine \_\_\_\_\_  
 Nutrition \_\_\_\_\_  
  
 Physical Conditions \_\_\_\_\_  
 (asthma, diabetes) \_\_\_\_\_  
  
 Mental Conditions \_\_\_\_\_  
 (anxiety, depression) \_\_\_\_\_  
  
 Allergies \_\_\_\_\_  
 (animal, food, other) \_\_\_\_\_  
  
 Has an Epi-Pen been prescribed?  Yes  No

### IMMUNIZATIONS

Please record the most recent immunizations or attach a copy of the camper's immunization records to this form

Month / Year

DTP/DTap \_\_\_\_\_  
 TD (tetanus/diphtheria) \_\_\_\_\_  
 MMR Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_  
 HIB \_\_\_\_\_  
 Polio \_\_\_\_\_  
 Varicella (chicken pox) \_\_\_\_\_  
 Hepatitis B \_\_\_\_\_  
 Meningococcal \_\_\_\_\_  
 Flu Shot \_\_\_\_\_

### OPTIONAL VACCINES

TB Mantoux Test  Positive  Negative  
 Date (Month / Year) \_\_\_\_\_  
 COVID-19 Vaccine Dose 1 \_\_\_\_\_ Mfr. \_\_\_\_\_  
 Dose 2 \_\_\_\_\_ Mfr. \_\_\_\_\_

### PARTICIPATION AT CAMP

Is the camper cleared to participate at sports camp?  Yes  No  
 Any restrictions? \_\_\_\_\_  
 \_\_\_\_\_

### MEDICATIONS

Does the camper take medications regularly?  Yes  No  
 Medication Type \_\_\_\_\_  
 Required at camp?  Yes  No

### 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, 2024)

**2025  
CAMPER**

PLEASE KEEP THE ORIGINAL COPY  
FOR YOUR RECORDS.  
WE MAY HAVE TO ASK YOU TO  
RESUBMIT THIS FORM.