

**DUE
MAY 1**

This page must be completed by a licensed physician.

Only physicals, in which the exam was completed after **JUNE 1ST 2025**, 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, 2025)

**2026
CAMPER**

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