

# Camp Sweet Escape Physical Form 2023

Physical Exam **MUST** be performed by a licensed medical provider within the last 12 months.

**PRINT OUT FOR HEALTHCARE PROVIDER**

Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of physical: \_\_\_\_\_

HgbA1c: \_\_\_\_\_ % BP: \_\_\_\_\_/\_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Dietary Restrictions:

Medications to be administered at Camp with dose and frequency:

Allergies and Treatment: (i.e. does camper require Epi-Pen?)

Recommendations and Restrictions at Camp: (Please include any information regarding behavioral health that you feel is important to ensure the camper's safety and well-being while at camp.)

Signature of Licensed Medical

Personnel: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Camp Screening: (for camp use only at registration)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Screened by: \_\_\_\_\_

Medications Received at Camp: \_\_\_\_\_

Open sores/Infection/Lice? \_\_\_\_\_

Lipodystrophy/Lipohypertrophy? \_\_\_\_\_

Other? \_\_\_\_\_

Identified health issues that could interfere with camper's ability to fully participate in camp activities? \_\_\_\_\_

MD Signature: \_\_\_\_\_