LAITY LODGE YOUTH CAMP

# PHYSICAL FORM

PLEASE RETURN NO LATER THAN APRIL 1

No camper will be allowed to attend without this completed form.

Check camp attending:

____ Echo Valley Grades 6-10

____ Echo Valley Grades 2-5

Check session attending:

____ 1st Session ____ 3rd Session

____ 2nd Session ____ 4th Session

____ Jam Session

## PHYSICAL EXAMINATION

To be completed by a licensed physician.

Legend: N= normal X= abnormal NE= not examined

All blank spaces must be completed.

| | | |
|---|---|---|
| CAMPER'S NAME: | AGE: | GRADE: |
| SEX (CIRCLE ONE): M F | DOB: | |
| PARENT'S OR GUARDIAN'S NAME: | | |
| HOME ADDRESS: | CITY/ STATE: | ZIP: |
| HOME PHONE: | CELL PHONE: | |

## MEDICAL INFORMATION

| | | | |
|---|---|---|---|
| WEIGHT: | HEIGHT: | PULSE: | BLOOD PRESSURE: |
| H E E N T: | | | |
| ABDOMEN: | | | |
| SPINE AND JOINTS: | | | |
| NEUROLOGICAL: | HERNIA GENITALIA (MALE ONLY): | | |
| DESCRIPTION OF ABNORMAL FINDINGS: | | | |

I have examined the camp applicant. In my opinion, the above patient **may / may not (circle one)** participate in an active camp program (climbing, rappelling, biking, etc.).

Exceptions include: _____

_____ DATE OF EXAMINATION

_____ PRINTED NAME OF PHYSICIAN

_____ PHYSICIAN'S ADDRESS

_____ SIGNATURE OF PHYSICIAN

**CAMPERS WILL BE SCREENED FOR COMMUNICABLE DISEASES AND HEAD LICE ON OPENING DAY.**

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