



LAITY LODGE YOUTH CAMP

HEALTH FORM

PLEASE RETURN NO LATER THAN APRIL 15

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

Check camp attending:

Echo Valley Grades 6-10

Singing Hills 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:
HEENT:			
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.