

Applicant's Name

Session

Birth Date

Male  Female

# Physician's Examination

HEALTH FORM



This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height

Weight

Pulse

Blood Pressure

Hct/Hgb Test (if appropriate)

Urinalysis (if appropriate)

Please rate the following:

V - Satisfactory  
X - Not satisfactory  
O - Not examined

Eyes

Ears

Nose

Throat

Lungs

Heart

Abdomen

Genitalia

Hernia

Extremities Posture

Skin

Neuro

Tuberculosis (TB/PPD) test date:  \_\_\_ Positive \_\_\_ Negative \_\_\_ Not Tested

If positive, please comment:

## Medications

Please list any medications the applicant is currently taking.

## Allergies

Please list any allergies the applicant may have.



Form for: Shira Weiss  
Fax form to 1 (888) 840-7003  
Season: 2015



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**Current Medical Problems & Treatments**

Use a second sheet if needed.

**Recommendations**

List restrictions on the applicant at camp.

I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

I examined the applicant today  Yes  No



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Form for: Shira Weiss  
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# Immunization Form

HEALTH FORM 

Please complete this form and return it to the camp as soon as possible. If you have an attachment, please place it behind this form. Your Health Form will not be complete without it.

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
DTaP or TDaP Diphtheria, tetanus, pertussis	<input type="text"/> mm/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tetanus, Pertussis booster <i>Must be within 5 years</i>						<input type="text"/>
MMR Mumps, measles, rubella	<input type="text"/>	<input type="text"/>				<input type="text"/>
IPV Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
HIB Haemophilus influenzae type B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
PCV Pneumococcal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Hepatitis A	<input type="text"/>	<input type="text"/>				
Chicken Pox Varicella	<input type="text"/>	<input type="text"/>				
MCV4 Meningococcal meningitis <small>Required if applicant is 12 years of age or older, a second dose is required for applicants 16 years of age or older.</small>	<input type="text"/>	<input type="text"/>				
H1N1 Swine flu	<input type="text"/>	<input type="text"/>				
Flu shot						<input type="text"/>

**What have We Forgotten to Ask?** Please provide any additional information about the applicant's health that you think important or that may affect the applicant's ability to fully participate in the camp program. Attach additional information if needed.



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