



Physical Exam Form
TO BE COMPLETED BY LICENSED PHYSICIAN
(Exam must be done within one year prior to camper's arrival at camp)

Camper/CIT Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Blood Pressure: _____

I have examined the camper/CIT named above on: _____

The exam was essentially normal with the following exceptions: _____

Allergies (please specify): _____

Special diet: _____

Medications: _____

Strenuous activity restrictions: _____

Swimming and/or diving restrictions: _____

Other restrictions: _____

Chronic illnesses or disease: _____

Mental/behavioral health concerns: _____

Surgery History: _____

Signature of Examining Physician: _____ Date: _____

Address: _____

Phone: _____