

Name: _____
First Middle Last

Medical Personnel: Please review the the first two pages of this form and complete all remaining sections of this form. Attach additional information if needed.

Physical exam done today: < HV 1 R (If "No," date of last physical: B B B B B B B B B B	7K H I R O Q R Q L S H W F U L S P N G L R F D W L R D H F R P Q R \ V W G R E I N D P S D H W & H O U V O D B I X N G Q D D V Q H C H G E D V L V B V R B B H L O M O V Q Q M X C C r o s s o u t t h o s e i t e m s t h e c a m p e r s h o u l d n o t b e g i v e n . \$ F W D O R K H Q 7 H O O , E X S H U Q \$ G Y L O Q O R W U L 3 K H O S K U L H 6 X G H I 3 (3 V X G H K I G Q I H 6 X G H I & K O R U S O W H Q L P D H W * X D H Q H Q ' H W U H M R U K S Q ' L S H Q Q U D P H % Q G U I O * H Q U L F R K G W I R S V & K O R H S D W L F H W R U D W V S U D I / L F W D P S R R R U H V F D E L 1 L [R U H (O L P L W & D O Q I P O R Q W L R % L V R X W E V D O L F S O D R W % L V P R O / D [D W L Y R Q V A R L S D W L D [+ \ G U R F R U H W L F W R P 7 R S L F O W Q E L R D V P L F F U & D O Q I P O R Q W L R \$ O R
: H L K W B B B B B B B B O H E W B B B B B B I W O B B % B D R I V / M B B B B B B B B B	
Allergies: 1 R. Q R Z Q S I O J V 7 R I R R / G O L V W 7 R P H G L F D W L B L V W 7 R W H H Q L P R I Q V M F W V V L V I A I H Y H U W V F ± O L V W 2 V K H D J U C H V O L V W	
Describe previous reactions:	

Diet, Nutrition: (D W D H J X Q C H W + D V D P G L R I S O N F U H I C E H D O S O D U C H W D U H V W U O V W C h i c k e n b e l o w)

The camper is undergoing treatment at this time for the following conditions: _____ (describe below)

Medication: 7K I V F D P H S Z L O O R W D N Q H C D L P O G L F Q W K I R O H H O W V F D P S
7K I V F D P H S Z L O O D K I H I R O O J S Z I L P O G L F Q W Z I R O W F D P S
3 O H G L F Q W L L R D V X E C F M D H S V O R W I B N W R Q F Q D G R U L F S W H R I B Q W K L V G F L O B V G Y L V O D P O D W X H P D I C H M U
7K H F D P I S T X H M R O O O K D S U P D F O W R O H V K D V B O E V K L Z K W R Z K M F D P H S T O A H O G K R Z K M P H G L F Q W R R O H G E
J L Y Q 3 B I W Q H G W R S H H S Y K G R H D K P H G L F Q W I R R Q E H O W L W H W H F D P H S Z L H O D W E F D P S

Name of medication	Amount or dose given	How it is given	When it is given	Reason for taking it	Date started
			% H D N I D V W / X C F K ' L Q Q U H % H G W H L P 2 W H W I H B B B B B B B		
			% H D N I D V W / X C F K ' L Q Q U H % H G W H L P 2 W H W I H B B B B B B B		
			% H D N I D V W / X C F K ' L Q Q U H % H G W H L P 2 W H W I H B B B B B B B		
			% H D N I D V W / X C F K ' L Q Q U H % H G W H L P 2 W H W I H B B B B B B B		

