

Health Examination by a LICENSED PHYSICIAN

For Phantom Lake YMCA Camp

TO THE EXAMINING PHYSICIAN: We need your help! Phantom Lake YMCA Camp is an ACA accredited camp which requires all staff and campers to have a physical within **24 months** of arrival at camp, but we need an updated signature every year! This form must be fully completed before sending to camp.

CAMPER NAME _____ Date of Birth _____

******Date of Physical _____ (MUST BE FILLED IN)******
month day year

Height _____ Weight _____ Blood Pressure _____

The applicant is under my care for the following **conditions**:

Current **treatments** include: _____

Does the applicant have any **SIGNIFICANT HEALTH CONDITIONS**? Please list:

RECOMMENDATIONS AND RESTRICTIONS AT CAMP

Treatment to be continued at camp: *type, frequency, requires licensed health care provider to perform?*

Medications to be administered at camp:

NAME / TYPE	DOSE	ROUTE	FREQUENCY
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Any medically prescribed meal plan or **dietary restrictions**:

Known **Allergies**:

Description of any **limitation or restriction** on camp activities:

Additional information for health care staff at camp:

Immunization History: *Please fill out the **back page** of this form or attach current Immunization History*

PHYSICIAN'S SIGNATURE _____ **Date of form completion** ___ / ___ / ___
****REQUIRED to ATTEND CAMP****

Physician's Printed Name: _____ Title: _____

Address _____

Office Phone: _____ Fax: _____

PLEASE TURN OVER AND FILL OUT IMMUNIZATION HISTORY

Please give **all dates** of immunizations for:

Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr

DTP _____
TD (tetan/dipt) _____
Tetanus _____
Polio _____
MMR _____
Or Measles _____
Or Mumps _____
Or Rubella _____

Date of Last TB (tuberculosis) test _____

Haemophilus Influenza B _____

Hepatitis B _____

Varicella (chicken pox) _____

Which of the following illnesses has the participant had?

Mumps _____ **Date** _____
German Measles _____ **Date** _____
Chicken Pox _____ **Date** _____
Measles _____ **Date** _____

Results: Positive _____
Negative _____

THANK YOU FOR MAILING IN THIS FORM TO:

**PHANTOM LAKE YMCA CAMP
S110W30240 YMCA CAMP RD
MUKWONAGO, WI 53149**

Fax # 262-363-4351

Phone:262-363-4386

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