

2024 Camper Physician Exam Form



This form must be completed and signed by a licensed medical professional within 12 months of arrival at camp. **Once form is completed, please scan and upload to your CampIn Touch account** (from the forms dashboard). **You can also mail, fax or drop-off at the Mandel JCC.**

If your camper does not have an updated physical exam by April 15 due to their birthday occurring after the forms deadline, please email wisekids@mandeljcc.org to let us know when we can expect their medical forms.

_____ **Male** **Female** **Other**

Camper Name _____ **Session/Village** _____ **Birth Date** _____

_____ **Date of Examination** _____ **Height** _____ **Weight** _____ **Pulse** _____ **Blood Pressure** _____

The camper is under the care of a physician for the following conditions:

Current treatment at the time of this report includes:

RECOMMENDATIONS AND RESTRICTIONS AT CAMP

Please list all medications to be administered at camp (including over-the-counter medications being sent with your camper), dosage and frequency. Camp Wise Health Center staff cannot administer any routine home medications not listed below.

Medication Name	Medication Dose	Medication Frequency					Daily /	As Needed
		Brkfst	Lunch	Dnr	Bfr Bed	Other_____		
		Brkfst	Lunch	Dnr	Bfr Bed	Other_____	Daily /	As Needed
		Brkfst	Lunch	Dnr	Bfr Bed	Other_____	Daily /	As Needed
		Brkfst	Lunch	Dnr	Bfr Bed	Other_____	Daily /	As Needed
		Brkfst	Lunch	Dnr	Bfr Bed	Other_____	Daily /	As Needed
		Brkfst	Lunch	Dnr	Bfr Bed	Other_____	Daily /	As Needed

Please list any known **allergies**, severity and treatment (please note if anaphalatic).

Allergy	Severity	Treatment

Please list any other limitations or restrictions on camp activities.

In my opinion, the above camper

is able to participate in the camp program.

is not able to participate in the camp program.

PHYSICIAN CONTACT INFORMATION

Name _____ Phone _____

Email _____

Signature of Licensed Medical Personnel _____ Date _____