

USE THIS FORM FOR: Israel Leadership Summer, Kibbutz Kissufim campers, and J-Day Camp Goes to Camp Wise programs.



2026 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 Campln 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:

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.

PHYSICIAN CONTACT INFORMATION

In my opinion, the above camper

is able to participate in the camp program.

is not able to participate in the camp program.

Name _____ Phone _____

Email _____

Signature of Licensed Medical Personnel _____ Date _____