

**JUNIOR AND TEEN CAMP**  
**CONFIDENTIAL INFORMATION**  
**PHYSICIAN INFORMATION**

<b>Name of camper:</b>	<b>First Name:</b>	<b>Laundry No:</b>
<b>Vaccines</b>	<b>Year of Basic Immunization</b>	<b>Year of Last Booster</b>
Diphtheria, pertussis (whooping cough), Tetanus = DPT		
Tetanus, Diphtheria = TD		
Tetanus		
Oral Polio (Sabin) TOPV		
Measles (hard measles, red measles, rubeola)		
Mumps		
Rubella (German Measles, 3-day measles)		
Other		
Tuberculin test given _____ (most recent)		
Haemophilus influenza b (HIB)		
Hepatitis B		

**Health Care recommended by Licensed Physician**

I have examined the above camp applicant.

Date examined: \_\_\_\_\_ 20\_\_\_\_

In my opinion, the above's condition  does  does not preclude his/her participation in an active camp program.

Height		Weight		Blood Pressure	
Epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO				

The applicant is under the care of a physician for the following condition(s):

Current Treatment (including medication and dosage)

**Very important:**

Licensed Physician Full name	
Licensed Physician signature	
Address, City, Country	
Phone	
<b>Date of competition + stamp</b>	