

JUNIOR AND TEEN CAMP
CONFIDENTIAL INFORMATION
PHYSICIAN INFORMATION

Name of camper:	First Name:	Laundry No:
Vaccines	Year of Basic Immunization	Year of Last Booster
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	
Date of competition + stamp	