The Barn Health Exam/Record

Physical Exams are Valid for 3 Years From Date of Last Examination

Name _____Date of Birth _____

Address _____Town_____State_____

Emergency Contact_____ Phone_____

Relationship to Camper_____Alternate Phone_____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER

Date of Exam ___/___/___

____ May participate in all camp activities

_____May participate except for:_____

_____

Medical information pertinent to routine care and emergencies:_____

_____

Is this individual taking prescription or over the counter medication(s)? YES NO

If yes, indicate names of medication(s):_____

Does the individual have allergies? YES / NO Explain:_____

Is the individual on a special diet? YES / NO Explain:_____

Does the individual have special needs? YES / NO Explain:_____

This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices

	YES	NO		YES	NO
Measles			Pertussis		
Hepatitis			Chickenpox		
Mumps			Polio		
Diphtheria			Tetanus		
Tetanus			Rubella		

Comments:_____

_____

Print name of medical care provider:_____Number:_____

Their address:_____City/Town_____ State____ Zip Code_____

_____

Signature of Physician, PA, APRN,RN Date form signed