

The Company of Fifers and Drummers Junior Camp
CAMP HEALTH EXAM RECORD FOR PHYSICIANS

Physical Exams Are Valid for 3 Years from Date of Last Examination

Families - Give this form to your physician, PA, or NP to complete. Make a photocopy of completed form for yourself.

Return completed form with the immunization record **BY June 1st** to: Donald Mason, Director, Junior Camp, 60 Center Street, Bristol, CT 06010

Name: _____ **Date of birth:** _____ **Phone:** _____

Guardian: _____ **Address:** _____

TO BE COMPLETED BY A PHYSICIAN, PA, OR NURSE PRACTITIONER

_____ May participate in all camp activities **Date of Exam** _____ / _____ / _____

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies and/or information that might affect the individual's ability to function and participate in a youth musical camp setting:

Is this individual taking medicine: YES NO If yes, indicate names of medication(s) including over-the-counter medications.

NOTE to families: A written authorization and parent permission for the administration of medication (or self-administration) at camp are required.

Does the individual have allergies? YES NO Explain: _____

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

Is the individual up-to-date on all routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices YES NO

Has this individual been fully vaccinated with the COVID-19 vaccine? YES NO

PROVIDER - PLEASE PRINT OUT AND ATTACH A COPY OF THE INDIVIDUAL'S IMMUNIZATION RECORD

Print name of medical care provider: _____

Provider's address: _____ Phone: _____

Provider's City/Town: _____ State: _____ Zip Code: _____

State licensed in: _____ License #: _____

Physician's own signature: _____

Date signed: _____