## 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:
Sarah MacConduibh, Assistant Director, Junior Camp, 105 Boston Ave Medford MA 02155

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

**Guardian**: _____ **Address**: _____

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## 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 ☐

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: _____