

**SAMPLE MED RELEASE
COMBINED W/ PHYSICAL
FORM**



CAMPER APPLICATION 2013
Camp Director with Responsibility for Campers

1530 B Santa Rita Rd, Templeton CA 93465

THIS PART OF THE FORM IS TO BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN OR PERSON LICENSED TO PROVIDE MEDICAL INFORMATION AND ASSESSMENT.

MEDICAL EVALUATION

TO PHYSICIAN: Review health history. If incomplete, please ask that this essential information be provided for your use. If health history of individual so indicates, a full examination should be performed.

PART A - Use this part ONLY if applicant has had an exam within the past 2 (two) years. If not, skip to Part B.

PHYSICIAN'S HEALTH MEMORANDUM

Name: _____ (complete physical examination is not done)
 and no c: _____ last had a medical examination on (Date) 5/30/12
 any actively was found except as noted below.
 Individual should be restricted from: _____
 Individual is susceptible (or allergic) to: _____
 Other instructions: _____

PART B - For use if applicant has NOT had a physical examination within the past 2 (two) years.

Physical Examination

Vision 20/	Left 20/	B.P.	With Glasses R20/	Left 20/	
20	20	99/52			
1. Eyes	<input type="checkbox"/>	7. Thyroid	<input type="checkbox"/>	12. Abdomen	<input type="checkbox"/>
2. Ears	<input type="checkbox"/>	8. Lymph nodes	<input type="checkbox"/>	13. Hernia	<input type="checkbox"/>
3. Hearing	<input type="checkbox"/>	9. Chest(gynecomastia)	<input type="checkbox"/>	14. Genitalia (maturity)	<input type="checkbox"/>
4. Nose	<input type="checkbox"/>	10. Heart	<input type="checkbox"/>	15. Extremities (joints)	<input type="checkbox"/>
5. Throat	<input type="checkbox"/>	11. Lungs	<input type="checkbox"/>	16. Skeletal (scoliosis)	<input type="checkbox"/>
6. Teeth	<input type="checkbox"/>			17. Skin (acne and scars)	<input type="checkbox"/>
				18. Reflexes	<input type="checkbox"/>
				19. Pilonidal sinus	<input type="checkbox"/>
				20. Speech	<input type="checkbox"/>
				21. Emotional adjustment	<input type="checkbox"/>

Required Tests: Sugar? NI Albumin? NI
 If Indicated: Blood Count NI Chest Plate NI Tine Test NI
 Should be restricted from: _____
 Individual is susceptible to (or allergic) to: NKA

Physician's Assessment

This person appears to be fit to participate in:

Camping and Hiking Water Sports Competitive sports

This person may request transportation assistance from Angel Flight. Please confirm that this patient is medically stable and may fly in a small non-pressurized aircraft. YES NO

Please indicate the applicants: Height 4'6.25" Weight 101 lbs

Date: 5/28/13 Signature: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: ~~_____~~

Fax: _____

California Lions Camp
 Camp Director with Responsibility for Campers
 1530 B Santa Rita Rd, Templeton CA 93465



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Champ Camp 2015



* TO BE FILLED OUT BY A LICENSED PHYSICIAN OR NURSE PRACTICIONER*

This examination is for determining fitness and general health to engage in a variety of basic activities while at CHAMP CAMP, a summer camp for burn-injured children.

PHYSICAL EXAMINATION FORM

Child's Name: _____ Age: _____ Date of Birth: _____

Parents/Legal Guardian(s): _____

Child's Weight: _____ Lbs. Height: _____ Blood Pressure: _____

REQUIRED: Is this child medically stable and able to fly in a non-pressurized small aircraft?
→→ YES NO ←←

Does this child have any current conditions that you are treating under your care? YES NO
If yes, explain:

Is this child under any type of medications, and/or other treatments that we should know about and therefore administer at camp? YES NO

If yes, explain:

Has this child had any past medical conditions that we should know about? (i.e. seizures, heart problems, broken bones, fainting, ear or eye conditions, etc.) YES NO

If yes, explain:

Does this child have any allergies and/or dietary restrictions we need to know about? YES NO
If yes, explain:

Are there any activities to be encouraged or to be restricted? YES NO
If yes, explain:

Physician's Signature Date () Physician Number

Address:
Office Stamp Here:
(Optional)

[Empty box for address and stamp]