

Applicant's Name

Session

Birth Date

Male  Female

# Physician's Examination

HEALTH FORM 

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height

Weight

Pulse

Blood Pressure

Hct/Hgb Test (if appropriate)

Urinalysis (if appropriate)

Please rate the following:

V – Satisfactory  
X – Not satisfactory  
O – Not examined

Eyes	Ears	Nose	Throat	Lungs	Heart	Abdomen	Genitalia	Hernia	Extremities	Posture	Skin	Neuro
<input type="checkbox"/>												

General Appraisal

Please address any concerns from above.

Medications

Please list any medications the applicant is currently taking.

Allergies

Please list any allergies the applicant may have.

Immunizations

Date of last tetanus shot

Are immunizations up to date?  Yes  No

Current Medical Problems and Treatments

Use a second sheet if needed.

Recommendations

List restrictions on the applicant at camp.



I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

I examined the applicant today  Yes  No

If no, date of examination

Please complete and return to:

Vista Camps  
175 Rio Vista Road  
Ingram, TX 78025

Name of Doctor

Signature

Date

Contact Information