

Name: _____

*Pages 1-3 of the health form should be completed by parent prior to review by licensed medical personnel.
Parents may submit pages 1-3 and (in place of page 4 of the CSC form) parents may attach a
different physical record as long as the exam date and doctor signature are included.*

This page must be completed by Licensed Medical Personnel

I examined this individual on _____ (date). (Date of exam must be legible and **within 24 months** of camp attendance. Campers or Staff Members with any medical concerns must have an annual exam. **Camp St. Charles highly recommends an annual physical exam for all campers and staff members.**)

Blood Pressure: _____ Weight: _____ Height: _____

In my opinion, the above applicant is is not able to participate in an active camp program.
The applicant is under the care of a physician for the following conditions:

Recommendations and Restrictions at Camp

I have reviewed the medications to be administered at camp. Yes No
Treatment to be continued at camp and/or other health concerns.

Name of Licensed Medical Personnel: _____
Signature of Licensed Medical Personnel: _____
Date: _____
Title: _____ Phone: _____
Address: _____

<p>FOR CAMP USE ONLY:</p> <p>Parent/Guardian meeting with Camp Health staff. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ initials of camp health staff.</p> <p>Updates/Additions to Health Form Noted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Required.</p> <p>Other Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
