



## KNOX SUMMER ADVENTURES MEDICAL FORM

**MEDICAL FORM MUST BE COMPLETED BY HEALTH CARE PROVIDER – MD, RPAC, OR NP  
THE DATE OF THIS PHYSICAL MUST BE WITHIN ONE YEAR OF THE LAST DAY OF  
CAMP ATTENDANCE**

Camper's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

### PHYSICAL EXAMINATION

Date of Exam:

Allergies:

Specify Current Diseases:

- Asthma
- Diabetes Type 1
- Diabetes Type 2
- Hyperlipidemia
- Hypertension

Height \_\_\_\_\_ Weight \_\_\_\_\_ Scoliosis Screening: Positive \_\_\_\_\_ Negative \_\_\_\_\_

Eyes: R \_\_\_\_\_ L \_\_\_\_\_ Teeth \_\_\_\_\_ Skin \_\_\_\_\_ Speech \_\_\_\_\_

Ears (Otoscope) \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_

R \_\_\_\_\_ Nervous System \_\_\_\_\_ Epilepsy \_\_\_\_\_

L \_\_\_\_\_ Hernia \_\_\_\_\_ Genito-Urinary \_\_\_\_\_

Lymph Nodes \_\_\_\_\_ Nutrition \_\_\_\_\_

Thyroid \_\_\_\_\_ Orthopedic \_\_\_\_\_ Other \_\_\_\_\_

Nose \_\_\_\_\_ A. Structural

Tonsils \_\_\_\_\_ B. Posture C. Feet

### Recommendations for physical activity in camp:

A. Full physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Modified physical activity because of \_\_\_\_\_

Signature of Health Care Provider \_\_\_\_\_ Date of Exam \_\_\_\_\_

Print Name & Title or Stamp: \_\_\_\_\_



## RECORD OF IMMUNIZATIONS

Please give DATES (month, day, and year)

Name of Camper \_\_\_\_\_ DOB \_\_\_\_\_

Polio (IPV,OPV)

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ OR  
MMR #1 \_\_\_\_\_ #2 \_\_\_\_\_

Triple Vaccine (DTP, DtaP, DT, Td) #1 \_\_\_\_\_ #2 \_\_\_\_\_  
#3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

TDAP \_\_\_\_\_

Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Varicella #1 \_\_\_\_\_ #2 \_\_\_\_\_ Hx of Disease \_\_\_\_\_

Hib #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Gardasil #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Menactra \_\_\_\_\_ Hepatitis A 1# \_\_\_\_\_ #2 \_\_\_\_\_

TB Test: Date \_\_\_\_\_ Results: Negative \_\_\_\_\_ Positive \_\_\_\_\_

Chest X-Ray: Date \_\_\_\_\_ Results \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date



## IMMUNIZATION/MEDICATION LAWS

- All campers must have up-to-date immunizations records on file in the camp health office as required by the New York State Department of Health.
- If your child requires medication, even on an “as needed” basis, please sign and submit the “Prescriber Authorization Form” in this packet. Note that your child’s pediatrician must also sign the bottom of this form and include copies of all prescriptions.
- Those campers who are Sharks, Barracudas, or CIT’s may carry self-medication, such as an inhaler, BUT MUST submit a medical authorization and prescription stating this. This form must be signed by a parent and the camper’s pediatrician (NO ORAL SELF-MEDICATION ALLOWED).
- If your child takes Advil, Motrin, and/or Tylenol for headaches, cramps, pain, etc., please provide us with a prescription from your child’s pediatrician. WE ARE NOT PERMITTED, BY NYS LAW, TO ACCEPT A PARENT NOTE TO ADMINISTER MEDICATION – NO EXCEPTIONS!! You will be notified by a camp administrator if such an emergency should arise and will be asked to come to camp to administer these medications to your child yourself.
- YOUR CHILD’S/CHILDREN’S SAFETY AND WELL-BEING ARE OUR UTMOST CONCERN! THANK YOU FOR YOUR SUPPORT AND COOPERATION!