



Colorado Lions Camp Phone (719) 687-2087
 PO Box 9043 Fax (719) 687-7435
 Woodland Park, CO 80866
coloradolionscamp@msn.com

FOR OFFICE USE ONLY:
 Date Rec'd _____
 Session _____

Camp Physical Examination

This form must be completed and signed by a Licensed Physician.

We request this form or a copy of a physical dated no later than **24 months** from your camp date be received in our office at least **TWO WEEKS** prior to scheduled camp session.

Name: _____ Date of Birth ____/____/____ Male ____ Female ____

Diagnosis: _____

Is any condition present, which may result in an emergency? Please describe: _____

Allergies (Drug/Food/Environmental): _____

EXAMINATION COMPLETED BY DOCTOR

Height:	Weight:	Mouth/Throat/Nose:
Pulse:	BP:	Temp:
Hearing Loss: NONE PARTIAL COMPLETE Hearing Aids Worn? Cochlear Implant?		Neck/Thyroid & Lymph Sys:
Vision Loss: NONE PARTIAL COMPLETE Glasses Worn? Contacts Worn?		Nervous System/Reflexes/Gait/Sensations:
		Bringing to camp: CPAP or Oxygen (CIRCLE) DAY NIGHT (CIRCLE)
Cardiac:		GI Distress - upper - lower (please specify)
Lungs:		Headaches:
Abdomen:		Bedwetting:
Musculoskeletal:		Incontinence – Urinary - Fecal (please specify)
Back/Spine:		Respiratory/Asthma/Emphysema (please specify)
Skin:		Sleep Apnea/COPD:
Diabetic:	Insulin: YES NO	Seizures: Type:
Frequency of glucose monitoring:		Frequency: Last:
Mobility		Uses: WALKER CANE WHEELCHAIR

PREVIOUS ILLNESS (give age when these occurred): Chicken Pox _____ Measles _____
 Mumps _____ MRSA _____ Shingles/Herpes _____ Strep Throat _____ Hepatitis _____
 Frequent UTI _____ Frequent URI _____ Chronic Cough _____ High BP _____ Other _____

IMMUNIZATION HISTORY Please give dates (month/year) of immunizations and most recent booster dates:
 (DPT) _____ MMR _____ Polio _____ Smallpox _____ Influenza _____
 TB Test _____ Hepatitis b series _____ Tetanus _____ Type _____ **(REQUIRED)**
 *Campers ages 8-21 must attach copy of current immunization record. If records are unavailable, please send statement to that effect. Statement "up-to-date" not acceptable.

QUESTIONNAIRE

Is camper free from communicable diseases? YES/NO If no, please describe: _____

How would you access the applicant's current health? GOOD FAIR POOR

Has the applicant been hospitalized or treated in the emergency room in the last year? YES NO
 If yes, please explain. _____

Is the applicant a carrier of Hepatitis B or C has he/she been exposed to Hepatitis B or C? YES NO

Are there medical reasons to limit or restrict this individual from participating in the following camp activities: swimming, horseback riding, supervised ropes course, hiking, and archery? _____ Any limitations? _____

Is this applicant on medication? YES NO (Please see back of form)

