

2024 Camp Dreamcatcher Physical Exam Form (2 pages)

For Campers/LIT's

(This form must be completed by approved medical provider at least ONE YEAR prior to camp)

NO OTHER FORM WILL BE ACCEPTED

Name: _____ **DOB** _____ **Gender** _____
Preferred Gender Pronouns _____
Home address _____
Custodial Parent/Guardian _____ **Phone** _____

Does the child have a history of any of the following? When was this diagnosed?

- Hepatitis A _____ Date _____
- Hepatitis B _____ Date _____
- Hepatitis C _____ Date _____
- HIV/AIDS _____ Date _____

Please give all dates for **immunizations** or attach a copy of immunizations:

DTaP _____
IPV/OPV _____
MMR _____
or measles _____
Mumps _____
Rubella _____
Hib _____
Varicella _____
Hep B _____
Pneumococcal (PCV) _____
Td (tetanus/diphtheria) boosters _____
Meningococcal _____

Last tuberculin screen (PPD): Date _____ Results _____ Chest X-ray _____
Treatment _____

RECENT COVID-19 TEST: DATE _____ **RESULT** _____

COVID-19 VACCINE? YES _____ **NO** _____ **and if yes: Vaccine Type** _____

DATE OF DOSE #1 _____

DATE OF DOSE #2 _____

DATE OF BOOSTER _____

PMH _____

Hospitalizations _____

This applicant is under the care of a physician for the following conditions: _____

Food/Environmental Allergies _____

Medication Allergies _____

Physical Exam for Name of Child: _____

BP _____ Pulse _____ HT _____ WT _____
Head/Neck _____
EENT _____
Lungs _____
CV _____
Abdomen _____
GU _____
Musculoskeletal _____
Perivascular _____
Skin _____
Neuro _____

If HIV positive: Most recent lab values/dates: CD4: _____ viral load: _____ Date of lab: _____

Medications to be administered at camp: include time, dose, and route (may attach separate order)

Medications taken routinely but not at camp: _____
Treatments to be continued at camp _____

Any medically-prescribed meal plan or dietary restrictions _____
Describe any limitations or restrictions on camp activities _____
Does child need help walking or traveling by foot for long distances?

_____ **In my opinion the above applicant is able to attend Camp Dreamcatcher.**

_____ **In my opinion the above applicant is not able to attend Camp Dreamcatcher.**

Dates of camp- August 18-24, 2024

Examiner's Signature _____ Date _____

Signature of person completing this form _____ Date _____

Office Phone _____ Address _____

Office Stamp:
