



Physical Examination

Physical Examination: Required for participants attending a camp/trip that is three nights or longer. Form needs to be completed by a licensed physician, nurse practitioner, physician's assistant, or registered nurse. Completed within 24 months of program the participant is attending.

PLEASE KEEP A COPY FOR YOUR RECORDS.

Health History: Separate document. Required for participants attending summer camp (resident or troop). Also required for extended troop trips lasting three nights or longer, or international travel.

Medication Log: Separate document. To be completed if participant is bringing medications (prescription or OTC) to program.

Location of Program:

- Camp Cloud Rim
- Trefoil Ranch
- Other: _____

Program Date: _____

Program Name: _____

PARTICIPANT INFORMATION

Participant Name: _____ Date of Examination: _____

HEALTH EXAMINATION:

Height: _____ Weight: _____ B.P.: _____ Appearance/Nutrition: _____

Without Glasses With Glasses
Eyes: R 20/____ L 20/____ R 20/____ L 20/____ Hearing: R ____ L ____

Code: Satisfactory (S) Not Satisfactory (NS) Not examined (NE)

Ears: _____ Nose: _____ Throat: _____ Teeth: _____

Heart: _____ Lungs: _____ Abdomen: _____ Skin: _____

Head/hair (no lice): _____ Musculoskeletal: _____

General physical and emotional status: _____

Urinalysis*: _____ HGB*: _____

* Not required for every health exam. A girl 11-18 should have this test if she has not had it since entering puberty.

RECORD OF IMMUNIZATIONS:

(You may include a copy of your Utah School Immunization Record.)

Immunization	Primary Series (Yr.)	Last Booster (Yr.)
DTP, Dtap, DT, Td <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>	_____	_____
HiB	_____	_____
Polio (IPV or OPV)	_____	_____
MMR <small>(M-Measles, M-Mumps, R-Rubella)</small>	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Hepatitis B (HBV)	_____	_____
Varicella (Chickenpox)	_____	_____
Typhoid & Paratyphoid	_____	_____
Cholera	_____	_____
Yellow Fever	_____	_____
Typhus	_____	_____
Rocky Mtn. Spotted Fever	_____	_____
Tuberculin Test: Last Date: _____ Result: _____		

SPECIAL DIETARY NEEDS:

Gluten-free: Allergy Intolerance Physician Initials: _____

Lactose-free: Allergy Intolerance Physician Initials: _____

Nuts: Allergy Intolerance Physician Initials: _____
(please list types: _____)

Other: Allergy Intolerance Physician Initials: _____
(please list: _____)

Does this person carry an EPI-pen for any of their food allergies? Yes No

Please explain the symptoms the participant experiences with any food allergies or intolerances listed above.

*Please note that the camp will help accommodate food allergies. Girls may be asked to bring food to help supplement their dietary intolerances. Contact the Camp Director for more information (camp@gsutah.org).

PHYSICIAN'S INFORMATION AND AUTHORIZATION TO PARTICIPATE

This person is in satisfactory condition and may engage in all usual activities except as noted.

Licensed physician's name: _____

Licensed physician's signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date: _____

PHYSICIAN'S COMMENTS AND RECOMMENDATIONS:

Give details or indicate management or significant of illnesses.

Does this person have asthma? Yes No

If so, do they have an inhaler they'll be bringing to this event? Yes No

Does this person have any allergies (outside of food allergies)? Yes No

If so, does this person carry an EPI-pen for any of their allergies? Yes No

If so, what is the allergy and what are the symptoms associated with it?

Does this person have diabetes? Yes No

If so, are they able to manage their diabetes on their own? Yes No

This person has a condition which may limit activity for this event? Yes No

Does this person have any chronic disease? Yes No

If overweight, will condition restrict activity? Yes No

Does this person have any condition which might limit participation in swimming, hiking, living at high altitude or other strenuous activities? Yes No

HEALTH FORMS ARE CONSIDERED A PART OF THE PERMANENT CAMP RECORD AND WILL NOT BE RETURNED.