

RESIDENT CAMP 2016: PHYSICAL EXAMS NEED TO BE UPLOADED TO YOUR CAMPDOG.COM PROFILE BY MAY 25. PHYSICAL EXAMS NEED TO HAVE BEEN COMPLETED WITHIN 24 MONTHS OF PROGRAM DATE.

**FOR THE 2017 CAMP SEASON, WE WILL BE MOVING TO A 12 MONTH ROTATION FOR SUMMER CAMP.*

QUESTIONS: CONTACT CAMP@GSUTAH.ORG



Physical Exam Form (HW6.1)

Program Date: _____	Program Name: _____
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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, or physician's assistant. **PLEASE KEEP A COPY FOR YOUR RECORDS.**

PARTICIPANT INFORMATION

Participant Name: _____ Date of Examination: _____

HEALTH EXAMINATION:

Height: _____ Eyes (without glasses/contacts): R 20/____ L 20/____
 Weight: _____ Eyes (with glasses/contacts): R 20/____ L 20/____

Blood Pressure: _____

Abdomen	Satisfactory	Not Satisfactory	Not Examined
Appearance/Nutrition	Satisfactory	Not Satisfactory	Not Examined
Ears	Satisfactory	Not Satisfactory	Not Examined
General Physical & Emotional Status	Satisfactory	Not Satisfactory	Not Examined
Hair	No Lice	Lice	Not Examined
Hearth	Satisfactory	Not Satisfactory	Not Examined
Lungs	Satisfactory	Not Satisfactory	Not Examined
Musculoskeletal	Satisfactory	Not Satisfactory	Not Examined
Nose	Satisfactory	Not Satisfactory	Not Examined
Skin	Satisfactory	Not Satisfactory	Not Examined
Teeth	Satisfactory	Not Satisfactory	Not Examined
Throat	Satisfactory	Not Satisfactory	Not Examined

HGB*	Satisfactory	Not Satisfactory	Not Examined
Urinalysis*	Satisfactory	Not Satisfactory	Not Examined

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

SPECIAL DIETARY NEEDS:

	Circle One		EPI-PEN		Specific Information About Dietary Need	Physician's Initials
	Allergy	Intolerance	Yes	No		
Gluten-Free						
Lactose-Free						
Nuts						
Other						

*** Please note that the camp will help accommodate food allergies. We recommend families bring their own food in order to help supplement medical dietary needs. Contact the Camp Director for more information (camp@gsutah.org).**

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

PHYSICIAN'S INFORMATION AND AUTHORIZATION TO PARTICIPATE	
Form needs to be completed by a licensed physician, nurse practitioner, or physician's assistant.	
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:	_____