

**-PHYSICAL EXAMS ARE REQUIRED FOR OVERNIGHT SUMMER CAMP PROGRAMS THAT GO OFF-SITE OR HAVE INTENSE HIGH ADVENTURE PROGRAMMING AND FOR NON-SUMMER CAMP TRIPPING PROGRAMS LAST 3 NIGHTS OR LONGER. (HW.5.1)  
 -SUMMER CAMP PHYSICAL EXAMS NEED TO BE UPLOADED TO THE ONLINE HEALTH CARE RECORD SYSTEM PROFILE.  
 -PHYSICAL EXAMS MUST BE COMPLETED WITHIN 24 MONTHS OF THE PROGRAM START DATE. (HW.5.2)**



# Physical Exam Form (HW.5.1)

Locations: \_\_\_\_\_ Program Date: \_\_\_\_\_  
 Program Name: \_\_\_\_\_

**Physical Examination:** Required for participants attending certain summer camp programs or a Girl Scouts of Utah sponsored 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/\_\_\_ Blood Pressure: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Eyes (with glasses/contacts): R 20/\_\_\_ L 20/\_\_\_

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 (info@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: \_\_\_\_\_

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