



camp get-a-way

Physical completed by: _____ Date: _____

Doctor's name: _____ Phone: _____

Applicant's name: _____ Date of birth: _____

Gender: Male Female Height: _____ Weight: _____

PHYSICAL EXAM (N= Normal A= Abnormal N/E= Not Examined)

General Appearance	N	A	N/E	_____
Eyes	N	A	N/E	_____
Ears	N	A	N/E	_____
Nose, Mouth, Throat	N	A	N/E	_____
Heart	N	A	N/E	_____
Abdomen	N	A	N/E	_____
Back, Spine	N	A	N/E	_____
Upper Extremity	N	A	N/E	_____
Lower Extremity	N	A	N/E	_____
Circulatory	N	A	N/E	_____
Neurological	N	A	N/E	_____
Skin, Lymphatic	N	A	N/E	_____
Emotional Status	N	A	N/E	_____

Is there any reason why this person can not participate in any camp activities, such as strenuous walking, walking up / down hills, standing, running, jumping? Yes No

If yes, please comment: _____

Physician Signature _____ Date _____