# PHYSICIAN'S EXAMINATION FORM

## Day Camp Otter & Road Rangers Travel Day Camp

***To be completed by licensed medical personnel***

**CAMPER'S NAME: _____ YEAR: _____**

In accordance with requirements of the State of New Hampshire, children cannot attend a camp program without a record of health examination, completed by an approved licensed medical personal within two years of the camper's arrival at camp.

***You may substitute this form with a doctor's office physical form and immunization record.***

Name of the Physician: _____ Tel: _____

Address: _____

**MEDICATIONS:**

❑ This camper will not take any medications on a daily basis while attending camp

❑ This camper will take the following medications while at camp:

| Name of Medication | Reason for Taking | When is it Given | Dosage | How is it Administered |
|---|---|---|---|---|
| | | ❑ As Needed ❑ Breakfast<br>❑ Lunch ❑ Dinner<br>❑ Bedtime ❑ Other_____ | | |
| | | ❑ As Needed ❑ Breakfast<br>❑ Lunch ❑ Dinner<br>❑ Bedtime ❑ Other_____ | | |
| | | ❑ As Needed ❑ Breakfast<br>❑ Lunch ❑ Dinner<br>❑ Bedtime ❑ Other_____ | | |
| | | ❑ As Needed ❑ Breakfast<br>❑ Lunch ❑ Dinner<br>❑ Bedtime ❑ Other_____ | | |

Please identify any current health problems that we need to know about:

_____

_____

**HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PHYSICIAN**

Date of last physical: _____

I attest that this child's immunizations are up-to-date: ❑ **Yes** ❑ **No** Date of last Tetanus _____

BP _____ Height _____ Weight: _____

The above named child may participate in the full camp program without restrictions. ❑ **Yes** ❑ **No**

The above named child may participate with the following restrictions: _____

_____

**Signature of Licensed Physician: _____ Date: _____**