

CAMP PHYSICAL FORM

Campers will not be permitted to participate in any camp activities without a current (within a year of start of camp) physical form signed by a doctor or school nurse.

A current school physical form will be accepted, however please send a copy as we can not return it.

**FOR MEDICAL STAFF ONLY
TO BE COMPLETED & SIGNED BY CAMPER'S PHYSICIAN OR SCHOOL NURSE**

_____ has been examined by me on _____ and has been found in satisfactory health and free of disease. There are no apparent contra-indications to participating in football camp activities.

Physician's Signature _____

Address _____

Telephone _____

Campers Name _____ Camp Attending _____

Date of Birth _____ Height _____ Weight _____ Blood Pressure _____

Has the camper ever been diagnosed with or treated for any of the following conditions? If so, please check all that apply:

Sickle Cell Trait _____ Heart Condition _____ Asthma _____ Diabetes _____ Epilepsy _____ Other _____

Allergy (Food/Medication/Other) (Please list) _____

List Medications camper will be taking while at camp _____

Immunization Records (List Date Completed)

*Immunization records must be completed by a family physician, school physician or school nurse. Chapter 375 P.O. 1973 New Jersey Youth Camp Safety Act Standards 8-25-3.3

Health records (D) All campers shall be immunized against Diphtheria, Tetanus, Poliomyelitis, Measles, Pertussis, Mumps and Rubella or shall provide a statement from a physician that immunization is in progress.

Diphtheria _____ Mumps _____ Tetanus _____ Rubella _____ Polio _____ Measles _____ Pertussis _____
