



PHYSICAL, MEDICAL HISTORY, & IMMUNIZATION

*You may also attach health record provided by your doctor

CAMPER _____

PHONE # _____

CAMP NAME _____

HEALTH HISTORY:

DATE OF LAST PHYSICAL EXAM: _____ HEIGHT: _____ WEIGHT: _____

ALLERGIES: (YES/NO) IF YES, DESCRIBE REACTION, SEVERITY, TREATMENT:

GENERAL HEALTH HISTORY:

LIST RECENT INJURIES, ILLNESSES, INFECTIONS, PROBLEMS WITH DIZZINESS, OR DIFFICULTIES EXERCISING _____

CHRONIC MEDICAL PROBLEMS: _____

WILL THE CAMPER BRING MEDICATION TO CAMP? Yes/No _____

IF THE CAMPER NEEDS A PRESCRIPTION OR NON PRESCRIPTION MEDICATION DURING CAMP, A SEPARATE MEDICATION FORM NEEDS TO BE COMPLETELY FILLED OUT WITH PARENTAL AUTHORIZATION TO ADMINISTER MEDICATION & RETURNED TO CAMP NO LATER THAN 2 WEEKS PRIOR TO START OF CAMP.

DIETARY RESTRICTIONS: _____

DATES OF IMMUNIZATIONS:

MEASLES, MUMPS, RUBELLA: (2 REQUIRED) ____ / ____
DIPHTHERIA, TETANUS, PERTUSSIS: (4) ____ / ____ / ____ / ____
DATE OF LAST TETANUS: _____
POLIO: (3) ____ / ____ / ____
HEPATITIS: (3) ____ / ____ / ____
VARICELLA (OR DATE OF CHICKEN POX) _____

I SEE NO REASON TO RESTRICT FULL PARTICIPATION IN HOCKEY CAMP.

PHYSICIAN'S NAME: (PLEASE PRINT) _____ DATE: _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____