

Camper Name: \_\_\_\_\_  
Last
First
Middle

**2021**

If using a physical outside of camp's please provide camper's weight: \_\_\_\_\_ & height: \_\_\_\_\_  
pounds
feet & inches

<u>Immunization Records, if known:</u>	<u>Date most recent</u>	<u>Immunization Records, continued:</u>	<u>Date most recent</u>
DTP (Diphtheria, Tetanus and Pertussis)		PCV13 (Pneumococcal Conjugate Vaccine)	
DTaP (Diphtheria, Tetanus, acellular Pertussis)		Varicella (Chickenpox)	
OPV (Oral Polio Vaccine)		HepA (Hepatitis A)	
IPV (Inactivated Polio Vaccine)		HPV (Human Papillomavirus)	
MMR (Measles, Mumps, Rubella)		MenACWY (Meningococcal – A, C, W and Y)	
HiB (Haemophilus b Conjugate Vaccine)		MenB (Meningococcal B)	
HepB (Hepatitis B)		Influenza	
Rotavirus		TET-TOX (Tetanus Toxoid)	

Has Camper had a TB Mantoux Test (tuberculin skin test)? \_\_\_\_\_ Date of most recent: \_\_\_\_\_ Result? \_\_\_\_\_

Please explain if Camper had a positive TB test: \_\_\_\_\_

**STOP THIS SECTION MUST BE FILLED OUT BY YOUR PHYSICIAN**

Physicals conducted for school, sports, or yearly exams will be accepted in lieu of the one below, provided they are dated within the one (1) year span of camp attendance; must be kept current to attend camp.

Medical Exam Information - *to be completed by a health care provider & dated within the year of camp(s) to be attended*

Blood Pressure: \_\_\_\_\_/\_\_\_\_\_ Weight (imperial measure) \_\_\_\_\_ pounds Height (imperial measure): \_\_\_\_\_ feet & inches  
Systolic/Diastolic

- Is this person able to participate in an active camp and/or recreation program?  Yes  No  
*(Examples of camp activities include hiking, fishing, boating, swimming, dancing, climbing, field games, etc.)*
- Any limitations or restrictions while at camp?  Yes  No **If yes, describe on the line provided below:**  
 \_\_\_\_\_
- Any medical concerns to be monitored at camp?  Yes  No **If yes, describe on the line provided below:**  
 \_\_\_\_\_  
*(This includes allergies, asthma, heart conditions, blood pressure, blood sugar, weight, etc.)*
- Any meal plans or dietary restrictions to be monitored at camp?  Yes  No **If yes, describe on line below:**  
 \_\_\_\_\_  
*(This includes puree, dietary supplement, food allergies and sensitivities, portion limitations, low carb, low calorie, etc.)*

Comments: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I have reviewed the **relevant** portions of the **Camper Registration Packet** and have discussed the camp program with the camper's parent/s or guardian/s or agent on their behalf. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program, except as previously noted. I am aware of all medications prescribed to this individual and see no contraindications. This person can also receive all "as needed" medications and treatments checked, or indicated on the MARS, when deemed necessary by Central Oklahoma Camp and Conference Center, Inc.

Health Care Professional's Signature/Stamp: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_