

Camp Northfield Camper Health History and Examination Form

(to be filled in by parent/guardian **and** physician)

Camper's Name: _____ Week Attending: _____

<u>Diseases</u>	<u>Allergies</u>	<u>History</u>
_____ Chicken Pox	_____ Hay Fever	_____ Frequent ear infections
_____ Measles	_____ Ivy Poisoning, etc.	_____ Heart defect/disease
_____ German Measles	_____ Insect Sting	_____ Convulsions
_____ Mumps	_____ Penicillin	_____ Diabetes
_____ Other	_____ Other Drugs	_____ Bleeding/Clotting disorders
	_____ Asthma	_____ Hypertension
	_____ Food	_____ Bed wetting

Explain any of the above as necessary:

Operations of serious injuries:

Any specific activities to be encouraged or limited by physician's advice:

Dietary modifications:

Current medication (send with instructions for camp nurse):

Name of family physician:	Phone:	Name of dentist/orthodontist:	Phone:
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Immunization Record					
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP	*	*	*	*	
DtaP					
DT/Td					
IPV					
OPV	*	*	*		
Measles					
MMR	*	*			
HIB					
Hep B	**	**	**		
Varicella					
Other					

* Massachusetts State Requirements

** Children born after January 1, 1992

I certify that my child has my permission to attend camp and to participate in all activities.
If emergency medical treatment is deemed necessary, I give consent for such.

Signature of Parent / Guardian _____ Date _____ Phone number(s) _____

Date of last physical examination (must be within 24 months of first day of Camp): _____

Signature of Licensed Physician _____ Phone _____ Date _____