

- Camper
- Staff

**FORM F – RETURN WITH FORMS A, B, C, D, E**

**MEDICAL EVALUATION**

**MEDICAL PRACTITIONER MUST COMPLETE AND SIGN**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Guardian \_\_\_\_\_ Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Date of Exam \_\_\_\_\_

\_\_\_\_\_ May participate in all camp activities.  
 \_\_\_\_\_ May participate except for: \_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunizations Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus			TB Test		Result:

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

**Health History: (Check any that apply)**

\_\_\_\_\_ Epilepsy or seizures      \_\_\_\_\_ Frequent ear infections      \_\_\_\_\_ Menstrual problems      \_\_\_\_\_ Asthma  
 \_\_\_\_\_ Frequent sore throats      \_\_\_\_\_ Headaches      \_\_\_\_\_ Bed wetting      \_\_\_\_\_ Heart Disease  
 \_\_\_\_\_ Back pain or strain      \_\_\_\_\_ Alcohol/drug addiction      \_\_\_\_\_ Diabetes      \_\_\_\_\_ Eye Glasses  
 \_\_\_\_\_ Heart Disease      OTHER: \_\_\_\_\_

Pertinent past medical treatment: \_\_\_\_\_

<b><u>ALLERGIES</u></b>	<b>Describe reaction and management of reaction</b>
<b>Medication Allergies</b>	
_____	_____
_____	_____

<b>Food Allergies</b>	
_____	_____
_____	_____

Other Allergies (include insect stings, hay fever, asthma, animal dander, etc.)  
 \_\_\_\_\_

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

\_\_\_\_\_, M.D.  
 Examining Physician

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Windham-Tolland 4-H Camp, 326 Taft Pond Road, Pomfret Center, CT 06259