

The following restrictions apply to this individual: Red meat Pork Dairy Poultry Seafood Eggs Other

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

GENERAL QUESTIONS: (Explain "yes" answers below)

Has/does the participant:

Yes No

Yes No

1. Had any recent injury, illness or infectious disease?		
2. Have a chronic or recurring illness/conditions?		
3. Ever been hospitalized?		
4. Ever had surgery?		
5. Have frequent headaches?		
6. Ever had a head injury?		
7. Ever been knocked unconscious?		
8. Wear glasses, contacts or protective eye wear?		
9. Ever had frequent ear infections?		
10. Ever passed out during or after exercise?		
11. Ever been dizzy during or after exercise?		
12. Ever had seizures:		
13. Ever had chest pain during or after exercise?		
14. Ever had high blood pressure?		

15. Ever been diagnosed with a heart murmur?		
16. Ever had problems with joints (e.g. , knees, etc)		
17. Have an orthodontic appliance with you at camp?		
18. Have any skin problems? (e.g., itching, rash, etc)		
19. Have diabetes?		
20. Have asthma?		
21. Had mononucleosis in the past 12 months?		
22. Had problems with diarrhea/constipation?		
23. Allergic to bee stings?		
24. If female, have an abnormal menstrual history?		
25. Ever had an eating disorder?		
26. Ever had emotional difficulties for which professional help was sought?		
27. Ever had back problems?		

Please explain any "yes" answers, noting the number of the questions:

Which of the following has the participant had?	Please give all dates of immunization for:	Mo/Yr 1st dose	Mo/Yr 2nd dose	Mo/Yr 3rd dose	Mo/Yr 4th dose	Mo/Yr 5th dose	Mo/Yr
Circle any below that apply.	DTP						
Measles	TD (tetanus/diphtheria)						
Chicken Pox	Tetanus						
German Measles	Polio						
Mumps	M M R						
Hepatitis A	Measles						
Hepatitis B	Mumps						
Hepatitis C	Rubella						
TB Mantoux Test	Haemophilus influenza B						
Date of Last Test _____	Hepatitis B						
Result: Negative Positive	Varicella (chicken pox)						

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware:

I have examined the person herein described and have reviewed their health history. It is my opinion that they are physically able to engage in activities, except as noted:

Physician Signature: _____ Date: _____