



Physical Examination Form

Easterseals Camp Stand by Me
P.O. Box 289
Vaughn, WA 98394
253-884-2722 (Main) / 253-590-0594 (Fax)

Please scan and email this document to campadmin@wa.easterseals.com or Fax to 253-590-0594.

Campers must have a physical exam no more than 12 months prior to the session they are attending.

Please turn this form in no later than 30 days prior to a summer session the camper is attending, or 2 weeks prior to a respite session.

Parent/Guardian Fill-in Section

Camper's Name: _____
 Birth Date: _____
 Primary Disability: _____

Does Camper take medication? (Circle choice)

- Yes
- No

I attest that all immunizations are up to date.
 My camper has an exemption for immunizations.

Parent/Guardian Name: _____
 Signature: _____

Parent / Guardian: **Please stop here.** The rest of this form is to be completed by medical personnel.

Today's date: _____

Physical exam done today? (Circle choice) Yes No (If "No", date of last physical exam _____)

NOTE: ACA accreditation standards specify physical exam must be within the last 12 months.

Height _____ Weight _____ Temp _____ BP _____ HR _____ RR _____

Significant Health History

Allergies
 Please note allergy and reactions.

- To foods (list): _____
- To medications (list) _____
- To the environment (insect stings, hay fever, etc. (list): _____
- Other allergies (List): _____
- No known allergies

Diet/Nutrition

- Eats a regular diet
- Has a medically prescribed meal plan or dietary restrictions (describe below): _____

Seizures

- Yes (If "Yes", last seizure date): _____
- No

Describe seizure (type & frequency):

Diabetes

- Yes (if "Yes", type and treatment): _____
- No

Heart Condition

- Yes (if "Yes", type and treatment): _____
- No

Date of Most Recent Tetanus Shot: _____

Asthma

- Yes (if "Yes", type and treatment): _____
- No

Chronic or Recurring Illnesses

Describe:

Recent Illness or Hospitalization

Describe:

Pressure Sores or Significant Bruises

Describe:

Health or Safety Risk to self, other campers, or staff

Describe:

Special instructions and restrictions to activity while at camp

Describe:

I have examined _____ and reviewed his/her health history. I have discussed the camp program with the camper's parent(s)/guardian(s) and it is my determination that the camper is fit to participate in camp activities, except where noted otherwise.

Examining Physician (please print): _____ Signature: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Date: _____