



# Medical History and Authorization

TO BE FILLED OUT COMPLETELY BY A LICENSED MEDICAL PERSONNEL OR THEIR LEGAL DESIGNEE ONLY.

Camper's Name \_\_\_\_\_ Session(s) \_\_\_\_\_

**\*\*The most recent physical exam must be within 24 months of child's start date of camp\*\***  
**For returning campers only: Please call camp to verify if returning campers' file needs to be updated.**

**a. REQUIRED IMMUNIZATIONS AND DATES:**

	#1	#2	#3	#4	#5	
Polio						XXXXXXXXXXXXXXXXXX
DTP/dT						Booster within last 10 years
MMR			XXXXX	XXXXX	XXXXX	2 <sup>nd</sup> MMR for 7 <sup>th</sup> grade and up
Hepatitis B				XXXXX	XXXXX	Required for 7 <sup>th</sup> grade and up
Varicella		XXXXX	XXXXX	XXXXX	XXXXX	Or date of disease
TB Skin Test (Mantoux)	<u>Date Given</u>	<u>Date Read</u>	<u>Result</u>	XXXXX XXXXX	XXXXX XXXXX	<u>Date of Last test</u>

Date of Exam \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Height \_\_\_\_\_' \_\_\_\_\_"

In my opinion, this child IS \_\_\_\_\_ IS NOT \_\_\_\_\_ able to participate in an active camp program.

*If not, please explain:*

This child is under the care of a physician for the following conditions: \_\_\_\_\_

I hereby declare that I performed/administered a complete physical exam on the above named child. The **Health History** and **Immunization Records** have been reviewed. There is no apparent contradiction to full participation in Camp activities and sports, unless described above.

\*PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

License Number (California Medical Board or Board of Registered Nursing) \_\_\_\_\_