

## Physical Examination Form – Holiday Hill Day Camp

**The following is to be filled out and signed by a licensed health care provider (MD/APRN/PA)**

Full Name of Camper: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Date of Most Recent Exam \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

After examination and my review of this individual's health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below:

Any restriction activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any dietary restrictions or needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any allergies or additional health information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Last Tetanus	Date: _____		Pneumococcal		

**Licensed Health Care Provider's Signature (MD/APRN/PA)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**After form is completed by Licensed Health Care Provider, please upload form to your parent portal. If you have any issues uploading please contact the camp office: [director@holidayhilldaycamp.com](mailto:director@holidayhilldaycamp.com).**

