

# CAMP QUEST SMOKY MOUNTAINS

2009

## HEALTH FORM

PHYSICAL EXAMINATION--TO BE COMPLETED BY LICENSED PHYSICIAN  
(Exam must be done within one year prior to camper's arrival at camp.)

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

I have examined the camper named above on \_\_\_\_\_. The exam was essentially normal with the following exceptions: \_\_\_\_\_

\_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_

Allergies (please specify): \_\_\_\_\_

\_\_\_\_\_

Restrictions and/or recommendations: \_\_\_\_\_

\_\_\_\_\_

Special diet: \_\_\_\_\_

Medications: \_\_\_\_\_

Strenuous activity: \_\_\_\_\_

Swimming and/or diving: \_\_\_\_\_

Other: \_\_\_\_\_

Chronic illnesses or disease: \_\_\_\_\_

\_\_\_\_\_

Operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Examining Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_