

CAMP QUEST SMOKY MOUNTAINS

HEALTH EXAM FORM

FOR CAMPING YEAR _____

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: _____