

## **PHYSICAL EXAMINATION FORM**

Each camper **must** have a physical examination to attend Wonderland Camp and completed no longer than 12 months ago. Physical examinations need to be turned in BEFORE check in (ACA Standard).

***Please Email/Fax/Mail the physical exam form***

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Temperature: \_\_\_\_\_

Is there any evidence of illness or communicable disease? Yes\_\_\_\_ No\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is there any evidence of emotional/behavioral conditions? Yes\_\_\_\_ No\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is there any evidence of concerns with mobility (assistance needed)? Yes\_\_\_\_ No\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is there any evidence of vision loss? Yes\_\_\_\_ No\_\_\_\_; Hearing Loss? Yes\_\_\_\_ No\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is there any evidence of heart or lung disease? Yes\_\_\_\_ No\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

List other physical conditions not asked above? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

In my medical opinion, the above camper is capable of participating in an active camp program (walking, dancing, and being outdoors) with the following exceptions (include medications, limitations, etc.):

\_\_\_\_\_

\_\_\_\_\_

The physical examination was performed on (date): \_\_\_\_\_

Signature: \_\_\_\_\_, MD/DO/PA/NP Date: \_\_\_\_\_

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