

## MEDICAL HISTORY for CAMP DANIEL

This medical form must be completed and signed each year by a Doctor.  
THIS FORM MAY NOT BE SUBSTITUTED.  
All applicants must have a medical exam within twelve months of camp start date.

1. Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_
  
2. Height \_\_\_\_\_ ft \_\_\_\_\_ in      Weight \_\_\_\_\_ lbs.      DOB \_\_\_\_\_  
Blood Pressure \_\_\_\_\_      Pulse \_\_\_\_\_
  
3. Medical Diagnosis \_\_\_\_\_  
\_\_\_\_\_
  
4. List allergies (bee sting, etc) and describe reaction \_\_\_\_\_
  
5. List medication allergies and describe reaction \_\_\_\_\_  
\_\_\_\_\_
  
6. Enter date of last Tetanus shot \_\_\_\_\_ (must be within 10 years)
  
7. Hospitalizations and/or surgeries within the last 12 months:  
Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Date: \_\_\_\_\_ Reason: \_\_\_\_\_
  
8. If camper has had any of the following conditions, please give age at onset:  
\_\_\_\_\_ anemia      \_\_\_\_\_ diabetes      \_\_\_\_\_ hay fever      \_\_\_\_\_ high blood pressure      \_\_\_\_\_ mumps  
\_\_\_\_\_ rheumatic fever      \_\_\_\_\_ seizures      \_\_\_\_\_ headaches      \_\_\_\_\_ chicken pox      \_\_\_\_\_ measles  
\_\_\_\_\_ skin problem      \_\_\_\_\_ tuberculosis      \_\_\_\_\_ asthma      \_\_\_\_\_ other (describe) \_\_\_\_\_
  
9. Are there any blood/body fluid precautions we should know about? \_\_\_yes \_\_\_no If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
  
10. If necessary, which medications may the medical staff give to camper: Check all that apply:  
( ) Ibuprofen      ( ) Kaopectate      ( ) Maalox      ( ) Decongestant      ( ) Anti-diarrheal  
( ) Tylenol      ( ) Antihistamine      ( ) Pepto Bismol      ( ) Cough syrup      ( ) Milk of Magnesia

\_\_\_\_\_  
Signature of examining physician

\_\_\_\_\_  
Printed name of physician

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date