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. ALLERGY to Medication(s) & Reaction____

5. Other ALLERGY(s) & 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. Check any medicaitons the medical staff may **NOT GIVE** applicant as needed.

    ( ) 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