

2020 MEDICAL PAGE for CAMP DANIEL

- 1) THIS FORM MAY NOT BE SUBSTITUTED WITH PRIOR YEAR FORM OR ANY OTHER FORM.
- 2) EVERY SECTION MUST BE FILLED OUT, OR IT WILL BE RETURNED.
- 3) Completed forms can be mailed to Camp Daniel W10541 Army Ln. Athelstane, WI 54104 or emailed to medform@campdaniel.org
- 4) Upon receipt of completed form, an email will be sent to the email addressed used as login for camper application.

**This medical form must be completed & signed each year by a Doctor.
All applicants must have a medical exam within 12 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 _____ seasonal allergies _____ high blood pressure _____ tuberculosis _____

seizures _____ headaches _____ chicken pox _____ asthma _____ other _____

9. If ANY history of seizures: date of last seizure _____ Kind of seizure _____

List all medication/treatment applicant is CURRENTLY taking for seizures. _____

10. Are there any blood/body fluid precautions we should know about? yes no If yes, describe: _____

11. Check any medications the medical staff may **NOT GIVE** applicant as needed.

() Ibuprofen () Maalox () Decongestant () Anti-diarrheal

() Tylenol () Antihistamine () Pepto Bismol () Cough syrup () Milk of Magnesia

Signature of examining physician

Printed name of physician

Phone #

Date