

This form is provided for your convenience. You do not need to use this specific form. Any standard doctor's physical form that includes vaccination history is acceptable (even if it is from another camp).

**Common Ground Camps 2017
Physical / Immunization Form**

Camper's Name: _____

Date of Birth _____

**The above patient was examined on _____.
The patient's health history and immunization records were reviewed.**



Weight: _____ Height: _____ BP: _____

Vision: Left _____ Right _____ Color _____ Postural Screen _____

Allergies: _____

Chronic Medical Problems: _____

Medications/Treatments: _____

Dietary Restrictions: _____

Comments: _____

I SEE NO REASON(S) TO RESTRICT FULL PARTICIPATION IN CAMP ACTIVITIES.

Physician's Name (Printed): _____ Phone #: _____

Physician's Signature: _____ Date: _____

PARENTS: I CERTIFY THAT MY CHILD HAS NOT INCURRED ANY SIGNIFICANT HEALTH PROBLEM(S) SINCE THE DATE OF THE ABOVE PHYSICAL EXAM.

Parent's Name – printed: _____ Parent's Signature: _____ Date: _____

IMMUNIZATION RECORD WITH MONTH/YEAR OF ADMINISTRATION				
DPT/DTaP/DT	OPV/IPV	HIB	Hept B	LEAD Date/Result
	MMR	Varivax	Influenza Vacc	TB Risk Screen
Td				
Other Immunizations		Chicken Pox		