

Camp Tecumseh Medical Form

Last Name _____ First Name _____ Date of Birth _____ Date of Examination _____

Immunization History

<i>Vaccines</i>	<i>Date</i>	<i>Booster Date</i>
DPT		
TD		
Tetanus		
Measles		
Rubella		
Oral Polio		
Injectable Polio		
Negative TBC test		<i>most recent:</i>
Smallpox		
Mumps		

Health History

<i>Condition</i>	<i>Check & give approx. dates</i>
Frequent ear infections	
Heart defects or disease	
Seizures	
Diabetes	
Bleeding or clotting disorders	
Hypertension	
Mononucleosis	
<i>Diseases</i>	
Mumps	
Measles	
German measles	
Chicken pox	
<i>Allergies</i>	
Food	<i>Specify as necessary</i>
Drugs	
Hay Fever	
Poison Ivy	
Insect stings	
Asthma	
Other	

Indicate any current treatments. Current medications.

Are there any play or physical restrictions? Please specify.

Any medications to be administered at camp. Specify dosage.

Explain any dietary restrictions.

A Physical exam is required if last one is more than two years old.
Forms for child's school physical are valid for camp.

I have examined the above applicant on the date indicated. In my opinion, the above applicant's condition does not preclude him from participation in an active camp program. School forms valid for camp.

Licensed Physician's
Signature _____
Address _____

Phone _____

Camper's Height _____ Weight _____ Blood Pressure _____

Fax, prior to June 1:: 610-275-6635

Before 6/1, return this completed form to: Camp Tecumseh, 1906 Johnson Rd. Plymouth Meeting, PA 19462

Phone: 610-275-6634

After 6/1, return this completed form to: Camp Tecumseh, 975 Moultonboro Road, Moultonboro, NH 03254

Phone: 603-253-4010