

**2024 CAMP WHIRLYGIG – PHYSICIAN'S FORM**

CAMPER'S FULL NAME \_\_\_\_\_ CAMPER'S DOB \_\_\_\_\_

This form must be completed and on file at the camp for any child to attend.

<b>Immunization History</b>
Haemophilus Influenza B (Hib)
DTap
Polio
Hep B
MMR
Chicken Pox (Varicella)
Tdap
Meningococcal Meningitis (MCV4)
TB
PCV (Pneumococcal)
Influenza A
Covid-19
<b>Allergies</b>
<b>TB Risk Assessment</b>
<b>Current Health Issues</b>
<b>Medications</b>
<b>Physical Exam Date:</b> _____ <b>Provider:</b> _____
<b>Height:</b> _____ <b>Weight:</b> _____ <b>BP:</b> _____
<b>Restrictions</b>
<b>PPD Result/Lab Results</b>
<b>Hearing/Vision Screening</b>

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**Physician's Name and Contact Information**

**Name:** \_\_\_\_\_ **Practice Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_