

St. Nina's Orthodox Summer Camp Medical Examination Form

A medical exam is required within 12 months of the camping session. This Form must be completed and signed by approved, licensed medical personnel and received no later than [deadline] for Session 1 or [deadline] for Session 2.

Health Care Recommendations by Licensed Medical Personnel

Camper Name: _____ Session(s) *please circle* 1 2

I examined this individual on (MM/DD/YYYY): _____

The applicant is under the care of a physician for the following conditions: _____

Medications to be administered at camp (name, dosage, frequency): _____

Treatment to be continued at camp: _____

Any medically-prescribed meal plan or dietary restrictions: _____

Known allergies: _____

Description of any limitation or restriction on camp activities: _____

Additional information for health care staff at the camp _____

BP: _____ **Weight:** _____ **Height:** _____

In my opinion, the above applicant is is not able to participate in an active camp program.

Signature of Licensed Medical Personnel _____ **Date:** _____

Please print name: _____

Address: _____

Phone: _____ Fax: _____
