2015 PHYSICAL EXAM RECORD

To be filled out by your licensed physician. You must have a physical examination within 12 months of the session start date. **Keep a copy of this completed form for your records.**

Please complete and return to:

Deadline: APRIL 30, 2015

Camp Manito-wish YMCA
P.O. Box 246 • Boulder Junction, WI 54512
Ph: 715.385.2312 • Fax: 715.385.2461
camp@manito-wish.org

Experience MANITO·WISH CAMP MANITO-WISH YMCA

SUMMER CAMP & OUTPOST

TO THE EXAMINING PHYSICIAN: Camp Manito-wish YMCA is a resident summer camp in Boulder Junction, WI. All staff and campers are required to be physically active, and participate on canoeing, sea kayaking, and/or backpacking trips of varying lengths. Physical activity may include:
• Strenuous activities during hot weather • Carrying heavy packs and /or canoes • Walking on uneven terrain
It is important to the safety and well-being of all participants that we obtain accurate information regarding this person's current medical status and medical history.

Name	Camper's name	First	Middle in.	Last

Summer Camp	Please check the session(s) your child is attending.					
	BOYS Summer Camp Sessions:	___	2-week session 1 (June 15 – June 28)	GIRLS Summer Camp Sessions:	___	2-week session 1 (July 16 – July 29)
		___	2-week session 2 (June 30 – July 13)		___	2-week session 2 (July 31 – Aug 13)
			4-week session (June 15– July 13)			4-week session (July 16 – Aug 13)

Outpost	Please check (x) the Level, Trip Type and Session (where applicable) your child is attending.							
	Level:		Voyageur		Intermediate		Advanced	Expeditionary
	Trip Type:		Canoeing		Backpacking		Sea Kayaking	
	Session:		Session 1		Session 2			

Vaccines

You may send a copy of medical office record. Required immunizations must be determined locally.
Please record the date (month/year) of basic immunizations and most recent booster doses.

Vaccines			Date of Basic Immunization	Booster Dose
Diphtheria Pertussis (Whooping Cough) Tetanus	OR	DPT/DTaP	1. 2. 3.	1. 2.
Tetanus Diphtheria	OR	TD		
Injectable Polio (Salk)				
Oral Polio (Sabin) TOPV				
Tetanus				
Measles, Mumps, Rubella (MMR)				
Pneumococcus (Prevnar)				
Hepatitis B (HBV)				
Hemophilus Influenza type B (HIB)				
Meningococcus				
Other				

Allergies

Examples: Medications, insect stings, environmental, food

Allergy (list below)	Reaction	Medication

Instructions

Physician's notes. If the participant has diabetes or anaphylactic reactions, please provide complete treatment information.

2015 PHYSICAL EXAM RECORD

Camper's name:

Physical Examination by Licensed Physician

Code: S = satisfactory NS = not satisfactory (explain) O = not examined

Height		Weight:		B.P.:	Hct Or Hgb Test:
Eyes		Hernia		Allergy:	
Glasses		Extremities			
Ears		Including:			
Nose		Shoulder			
Throat		Knees		General Appraisal:	
Heart		Ankles			
Genitalia		Feet			
Lungs		Posture/spine			
Abdomen		Skin			

Females

Has she menstruated?		If not, has she been educated about menstruation?	
If so, is her menstrual history normal?		Special considerations:	

Restrictions

Recommendations/Restrictions while in Camp	
Special diet	
Current medications	
Strenuous activity	
Other	

Medications

Prescriptions MUST be in original containers. Please send only prescription medications that your child is currently using.
****The Health Center will only administer medications for which information is completed below**

Medication	Dosage	Frequency (# days)	Route	If PRN, indicate reason:

If participant is on psychiatric medications, how long have they been on their current medication routine (dose/frequency?)

If a change has been made in the last three months, please give more information:

Physician Approval

Physician's signature REQUIRED. On the basis of your knowledge of the applicant, the applicant's medical history, the present physical examination of the applicant and your knowledge of the activities in which they will be asked to participate, do you feel this individual is able to participate in the Camp Manito-wish program?		YES	NO
Physician's signature:		Date:	
Physician name (print):			
Complete address:			
Phone:		Email:	