



# CAMPER HEALTH FORM

Please return fully completed form prior to first day of camp

381 Rt. 23 Pompton Plains, NJ • (973) 839-8823 office • (973) 839-7563 fax

**Each camper MUST have a fully completed medical form for the CURRENT CAMP YEAR or will not be admitted to camp.**

Licensed Physician's Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

I hereby give my permission to release any pertinent medical information from any medical records to the staff of Spa 23. All Information will be kept confidential.

Authorized Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ date: \_\_\_\_\_

Camper's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

**To be completed by Physician:**

I examined this individual on \_\_\_\_\_. (exam must be within 12 months of camp attendance.)

BP\_\_\_\_\_ Weight\_\_\_\_\_ Height\_\_\_\_\_ In my opinion, the above camper \_\_ is \_\_ is not able to participate in an active camp program. The camper is under the care of a physician for the following condition(s): \_\_\_\_\_

**IMMUNIZATIONS** (Please indicate month/year)

DPT						
TD						
MMR						
HiB						
Hepatitis B						
Varicella (chicken Pox)						
Polio						

**Has the camper had any of the following:**

\_\_\_ Hepatitis C \_\_\_ Other\_\_\_\_\_

\_\_\_ Measles \_\_\_ Chicken Pox \_\_\_ Mumps

German Measles \_\_\_ Hepatitis A \_\_\_ Hepatitis B

**Allergies:** \_\_\_ None \_\_\_ Yes (indicate below)

\_\_\_ Asthma \_\_\_ Hay Fever \_\_\_ Penicillin

\_\_\_ Dairy \_\_\_ Soy \_\_\_ Wheat

\_\_\_ Peanuts \_\_\_ Tree Nuts \_\_\_ Poison Ivy

\_\_\_ Insect Stings \_\_\_ Bee Stings

\_\_\_ Other \_\_\_\_\_

**TB Mantoux Test:** Date of Last Test: \_\_\_\_\_ Result: \_\_\_ Positive \_\_\_ Negative

Describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or conditions while at camp.

Describe any camp activities from which camper is exempted.

Describe any dietary restrictions.

List all known allergies.

Date of completion of this form: \_\_\_\_\_ Completed by \_\_\_\_\_

**Please FAX to 973-839-7563**  
or mail to: 381 Route 23 Pompton Plains, NJ 07444