



CAMPER PHYSICAL EXAM FORM

Note: Please USE THIS FORM ONLY. This exam must be within 12 weeks of child's coming to camp. See reverse side of form for due dates; immunization records; and permission to treat statement.

Camper Name: _____
last first

Gender _____ DOB _____ Age in 2019 _____

Session(s) Attending: _____

Exam Date _____

BP _____ Weight _____ Height _____

Condition of throat _____ Eyes _____ Ears _____ Sinuses _____ Teeth _____ Abdomen _____ Lungs _____

Any heart disorder _____ Skin (Athlete's foot, Impetigo, Ringworm, etc.) _____

Orthopedic _____ Vision L _____ R _____

Any known exposure to (indication of) communicable disease currently? _____

Recommendations and Restrictions at Camp

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

Description of any limitation or restriction on camp activities: _____

The applicant is under the care of a physician for the following condition/s: _____

Treatment to be continued at camp: _____

Please Note: For the safety of every person in camp, **ALL CAMPER MEDICATIONS** are kept in the Camp Infirmary, and dispensed by the Camp Medical Staff only as indicated by written instructions of child's doctor. Medications must be labeled with: Camper name, Dr's name and phone number, name of medicine, reason for taking, and frequency of administration. A signed prescription form, including all of the above information, is also acceptable. For obvious reasons, un-labeled and/or non-prescription items are **NOT** dispensed. Re: **INHALERS** - must arrive in pharmacy-labeled box, or have prescription, or duplicate pharmacy-label attached to it. **PLEASE LIST BELOW ANY MEDICATION BEING BROUGHT TO CAMP.**

May Children's Tylenol be given if needed? Yes No State preferred alternate: _____

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Attach additional page(s) for more medications.

Identify any medications taken during the school year that participant does not/might not take during the summer: _____

For Female: Has this person menstruated? _____ If so, is her menstrual history normal? _____ If not, has she been told about it? _____ Special considerations: _____

KNOWN ALLERGIES: _____

Any medically-prescribed meal plan or dietary restrictions: _____

IMPORTANT: If needed, please attach additional page(s) to provide more information for camp health care staff.

Signature of Licensed Medical Personnel X _____

Printed or Typed Name _____ Title _____

Address _____

Phone(_____) _____ Date _____

Screening Record For camp use only

Date screened _____ Time _____ am pm

Meds given to FPC Med Staff _____

Initials _____

Updates/additions to health history noted Yes No None required

Current health needs identified _____ **Weight in** _____ **Weight out** _____

Observational notes _____

This person's complete medical record, showing date, complaint, treatment and any other pertinent medical details are all recorded in the Camp Nurse's log for this season.

Signed X _____ AZ R.N.# / M.D. # filed in current FPC Standing Orders _____ Date _____

IMPORTANT! SEE BACK OF FORM.



Instructions for Camper Physical Exam Form

We must have a **Camper Physical Exam Form** for each camper. Below are some bullet points to help clarify the process.

- The **Camper Physical Exam Form** is different from the online **Camper Health History**. Often times parents get the two confused. **The Camper Health History** is filled out online by parents. **The Camper Physical Form** must be completed by a licensed medical personnel
- The **Camper Physical Exam** is really just like a sports physical. Your camper(s) may have already gotten a physical for another activity within the calendar year. We will happily accept that form if you want to send it to us.
- These **Camper Physical Exams**, of course, can be done by your physician; however they can also be obtained at walk-in clinics. Pharmacies sometimes offer an inexpensive sports physical service as well.
- We have attached one of these forms. If you would prefer we mail you one, we can do that. You can also download a [Camper Physical Exam Form](#).

You can submit your **Camper Physical Form** in a variety of different ways.

- Mail it in an envelope to **Friendly Pines Camp • 933 E. Friendly Pines Rd. • Prescott, AZ 86303**. Please put “PEF” on the flap on the envelope so that we get your form(s) to the right person.
- You can fax it to us at 928-445-6065.
- You can scan it and email it medical@friendlypines.com
- You can upload the form directly to the website. Here is how you do that.
 1. First you must have a pdf copy of the form on your computer or device.
 2. Go to www.friendlypines.com. Go to the Parent Log In.
 3. Log in to your account.
 4. Once you’re logged in, click on View Registration Details.
 5. You should land on Registration Details page. Scroll down to the bottom of the page until you find Upload Document.
 6. Find the camper for whom you want to upload an Camper Physical Exam Form. Click on the Upload button and follow the instructions. Again, you will need to have a copy of the document in pdf form on your computer. If you have never done anything like this, you may want to skip this method all together and use one of the other modes of delivery.

Scanning a Camper Physical Exam Form or an Immunization Record.

If you are going to scan your documents let us suggest that you get a scanning app for your phone. There are lots of them. **Google Drive** also has the ability to scan something to a pdf.

A lot of parents take a picture of the document and send it to us. In many cases the document is unreadable. There are lots of shadows. The paper doesn’t lay flat. These scanning apps will flatten the document, adjust contrasts, and square the document. These scanning apps make the document much more readable. Please try one of these phone apps as opposed to just taking a picture. These medical documents are important and we need them to be readable to avoid any errors. Thanks

Please mail this completed *Camper Physical Exam Form* (and *Asthma Action Plan*, if applicable) and submit Online Camper Health History by:

- May 1 for all Adventure Camp sessions
- May 12 for Session One, PIONEER A & B
- May 26 for Session Two, EXPLORER A & B
- June 9 for Session Three, TRAILSEEKER A & B

Important: The *Camper Health History* must be done online.

See our enclosed instructions