

# CAMPER PHYSICAL EXAM FORM

**NOTE: WE PREFER THAT THIS FORM IS USED EXCLUSIVELY. PLEASE SEE PG. 2 FOR INSTRUCTIONS ON COMPLETING & SUBMITTING THIS FORM & DUE DATES.**

CAMPER'S LAST NAME: \_\_\_\_\_ CAMPER'S FIRST NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE AT CAMP: \_\_\_\_\_ GENDER: \_\_\_\_\_  
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 (Left): \_\_\_\_\_ Vision (Right): \_\_\_\_\_  
Any known exposure to (indication of) communicable disease currently?: \_\_\_\_\_

## RECOMMENDATIONS & 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 conditions: \_\_\_\_\_

Treatment to be continued at camp: \_\_\_\_\_

## PRESCRIBED & REGULAR MEDICATIONS

**PLEASE NOTE:** For the safety of every person in camp, ALL CAMPER MEDICATIONS are kept in the Camp Medical Center (Infirmary), and dispensed by the Camp Medical Staff *only as indicated by written instruction of child's doctor.*

Medications must be labeled with: CAMPER'S NAME, DR.'S NAME & NUMBER, NAME OF MEDICATION, REASON FOR TAKING, & 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.

May Children's Tylenol be given if needed?  **YES**  **NO** State preferred alternate: \_\_\_\_\_

**THIS CAMPER TAKES MEDICATION AS FOLLOWS:** PLEASE ATTACH ADDITIONAL PAGE(S) FOR MORE MEDICATIONS.

**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: \_\_\_\_\_

Identify any medications taken during the school year that camper does not/might not take during the summer: \_\_\_\_\_

For female: has this camper 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 pages to provide more information for camp medical staff.

Signature of Licensed Medical Personnel: x \_\_\_\_\_

Print or Typed Name: \_\_\_\_\_ Title/License Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

## SCREENING RECORD (THIS BOX FOR CAMP USE ONLY!)

Date screened: \_\_\_\_\_ Time: \_\_\_\_\_ Meds given to FPC Med Staff? \_\_\_\_\_ Initials: \_\_\_\_\_ Updates/additions?: YES NO

Observational Notes: \_\_\_\_\_

# CAMPER PHYSICAL EXAM FORM INSTRUCTIONS

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 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 wish 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.

You can submit your Camper Physical Form in a few different of ways:

### UPLOAD IT TO YOUR CAMPBRAIN ACCOUNT (OUR FIRST PREFERENCE)

- Save the Physical Exam document as one (1) complete PDF file\* on your computer or device
- Go to <https://friendlypines.com>. Hover over the "CURRENT FAMILIES" menu, then click "Account Login"
- Log in to your CampBrain Account
- Click on "View Registration Details" after you've logged in
- You should land on the "Registration Details" page; scroll down to the bottom of the page until you find "Upload Document"
- Find the camper for whom you want to upload a Camper Physical Exam Form. Click on the "Upload" button and follow the instructions.

### EMAIL IT TO US (OUR SECOND PREFERENCE)

- Save the Physical Exam document as one (1) complete PDF file\* on your computer or device
- Open a new email with the subject line " (Your Camper's Name) 2022 Physical Exam Form" (e.g. "Lorelei Gilmore 2022 Physical Exam Form")
- Attach it to an email addressed to [medical@friendlypines.com](mailto:medical@friendlypines.com) & send

### FAX IT TO US (OUR THIRD PREFERENCE)

- Fax the document to us at (928) 445-6065

*\*SCANNING TIP: We suggest using apps like Scannable, your iPhone's Notes app, Adobe Scan, Microsoft Lens, Google Drive scan, etc. to scan your camper's Physical Exam form into a PDF format. Please refrain from simply taking a picture of the document and sending that in, as most of the time doing so renders the document unreadable due to shadows, focus, paper position, etc. These apps are among the many available to use to capture documents successfully.*

## MEDICAL PAPERWORK & FORMS DUE DATES BY SESSION

| SESSION  | DUE DATE |
|--|----------|
| ADVENTURE CAMP<br>ADVENTURE TRAILS<br>(May 28 - June 3)        | April 28 |
| SESSION 1<br>PIONEER A & B<br>CILT<br>(June 12 - June 25)      | May 12   |
| SESSION 2<br>EXPLORER A & B<br>CIT A<br>(June 26 - July 9)     | May 26   |
| SESSION 3<br>TRAILSEEKER A & B<br>CIT B<br>(July 10 - July 23) | June 10  |