Version: 2027.1

CAMPER PHYSICAL EXAM FORM

NOTE: WE PREFER THAT THIS FORM IS USED WHENEVER POSSIBLE. 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 AT BIRTH: _____

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: _____

Version: 2027.1

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 upload it.
- 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.
- Physical Exams must be completed within one-calendar year of attending camp.

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

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

1. Save the Physical Exam document as **one (1)** complete PDF file* on your computer or device
2. Go to https://friendlypines.com. Hover over the "**CURRENT FAMILIES**" menu, then click "**Account Login**"
3. Log in to your CampBrain Account
4. Click on "**View Registration Details**" after you've logged in
5. You should land on the "**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 a Camper Physical Exam Form. Click on the "Upload" button and follow the instructions.

EMAIL IT TO US *(OUR SECOND PREFERENCE)*

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

FAX IT TO US *(OUR THIRD PREFERENCE)*

1. 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
MINI CAMP 1	May 17
SESSION 1 CIT	May 24
SESSION 2 ADVENTURE TRAILS	June 7
SESSION 3 LIT	June 21
MINI CAMP 2	July 5