

Hobie and Ann Woods,  
Directors



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*Making a Difference in Children's Lives Since 1972*

**HEALTH VERIFICATION**

*This form must be filled out by a licensed physician.*

*A standard physician's school or camp health form may be used in place of this form.*

*Each camper must have a physical within 18 months prior to attendance at Roughing It Day Camp.*

Camper Name \_\_\_\_\_ Date \_\_\_\_\_

was examined and found to be in good health and immunizations are current. In my opinion, the above applicant  is  is not able to participate in an active camp program.

Date of last Tetanus booster \_\_\_\_\_

Description of any restrictions or limitations \_\_\_\_\_

The applicant is under the care of a physician for the following conditions \_\_\_\_\_

Current treatment at time of this report includes \_\_\_\_\_

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

Medications (name, dosage, frequency) \_\_\_\_\_

Identify any medications taken during the school year that applicant does/does not take during the summer.

Any additional information that you as the examining physician feel would be beneficial for the camp to know about this patient: \_\_\_\_\_

Examining Physician Signature \_\_\_\_\_

Physician name (printed) \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

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

EZ Camp: _____ SN ( Y/N ): _____ 2nd year Review: Date: _____ Init: _____
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