

Camp Daniel 2023 Physician Form



Mail completed to: Camp Daniel, W10541 Army Ln, Athelstane, WI 54104
OR email to forms@campdaniel.org

1. THIS FORM MAY NOT BE SUBSTITUTED WITH PRIOR YEAR FORM OR ANY OTHER FORM.
2. EVERY SECTION MUST BE FILLED OUT, OR IT WILL BE RETURNED.
3. Upon receipt of completed form, an email will be sent to the email address associated to submitted application.

**This medical information form must be completed & signed each year by a Doctor.
All applicants must have a medical exam within 12 months of program start date.**

1. Applicant's **Last Name:** _____ **First Name:** _____
2. Height: _____ ft _____ in Weight: _____ lbs. DOB: ____ / ____ / _____
Blood Pressure: _____ Pulse: _____
3. Medical **Diagnosis:** _____

4. ALLERGY to Medication(s) & Reaction: _____
5. Other ALLERGY(s) & Reaction: _____

6. Enter **Date** of last **Tetanus** shot ____ / ____ / _____ (Must be within the last 10 years)
7. Hospitalizations and/or surgeries within the last 12 months:
Date: ____ / ____ / _____ Reason: _____
Date: ____ / ____ / _____ Reason: _____
8. If camper has had any of the following conditions, please give **age at onset**:
Anemia _____ Diabetes _____ Seasonal allergies _____ High blood pressure _____ Tuberculosis _____
Seizures _____ Headaches _____ Chicken pox _____ Asthma _____ Other _____
9. If ANY history of seizures: Date of last seizure: ____ / ____ / _____ Kind of seizure: _____
List all medications/treatment applicant is CURRENTLY taking for seizures: _____

10. Are there any blood/body fluid precautions we should know about? **Yes** or **No** (circle one)
If yes, describe: _____
11. Check any medications the medical staff may **NOT GIVE** applicant as needed:
() Ibuprofen () Tylenol () Maalox () Decongestant () Anti-diarrheal () Antihistamine
() Pepto Bismol () Cough syrup () Milk of Magnesia () Other _____

Office Use Only: Rec'd on: _____
 Able Retreat Summer Camp Holiday W/G Man Camp Girls W/KND

_____	_____	_____	_____
Signature of examining physician	Printed name of physician	Phone #	Date