



NOTE Camp Policy:
 Your child may not begin camp
 season until this form is on file in Camp.

office use:

Physician Health Certification
 Single Side Only - **To be Completed by Licensed Physician.** Return to camp by: MAY 1st

Camper Name _____ Birthdate _____

I. Camper Immunization History: Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses. Physician may attach copy of child's immunization records.

	Birth	1 Mo	2 Mos	4 Mos	6 Mos	12 Mos	15 Mos	18 Mos	4-6 Yrs
Hepatitis B									
Hib									
Polio									
DTaP									
Pneumococcal									
MMR									
Varicella									
Influenza									
Hepatitis A									

II. Health Care Recommendations by Licensed Physician (this portion must be completed to attend camp)

I have examined the above camp applicant within the past two years. Date Examined _____

The patient was found to be in good health and may participate in an active camp program with the following exceptions.

Height _____ Weight _____ Blood Pressure _____

The applicant is under the care of a physician for the following condition(s):

Current treatment (include current medications) _____

Explanation of any reported loss of consciousness, convulsion, or concussion _____

Is there a history of epilepsy? Yes No Is there a history of diabetes? Yes No

Recommendations and Restrictions While at Camp

Any treatment to be continued at camp _____

Any medication to be administered at camp (specific dosages) _____

Any medically prescribed meal plan or dietary restrictions _____

Any allergies (food, drugs, plants, insects, etc.) _____

Activities to be encouraged or limited _____

Additional Health Information _____

Licensed Physician's Signature/Stamp _____
 Address _____ Phone _____
Street & Number City, State & Zip Area/Number
 Date of Form Completion _____ *By _____
* Initial if completed by nurse or physician's assistant.

Return completed form to Diamond Ridge Camps • Box 297 • Jamison, PA 18929 • FAX: 215-343-8849