

## **Medical Examination Form**

## To be completed by a LICENSED PHYSICIAN or NURSE PRACTICIONER

Please attach updated immunization records if you are the child's primary health provider.

Child's Name:	Last	First		Initial
Date of Birth:	Age:	Gender:	Height:	Weight:
Home Address: _		City	State	Zip Code
Phone Number:		(home)		(cell)
Email Address: _				

This examination should be performed no less than one (1) month prior to the start of the Afterschool Program, summer camp, basketball season or other activities. Examination is to determine the fitness of the child named herein to attend a day and residential summer camp, participate in basketball or other activities and to engage in no more than nine (9) weeks of strenuous activities.

## Please evaluate this child in each category below using the following system:

## S= Satisfactory X= Not Satisfactory O= Not Examined

Blood Pressure	Urinalysis (optional)	Hgb. Test (optional)	Eyes
Heart	Ears	Nose	Throat
Lungs	Abdomen	Extremities	Posture/Spine
Teeth	Hernia	Skin	Head Lice Exam

Explanation of "Not Satisfactory" health categories:

Does this child wear glasses? Does this child have any allergies?					
Does this child have special dietary needs?					
Should this child be restricted from any activities while at camp?					
Is this child taking any medications that his/her parent/guardian should send with him/her?					
Special Instructions for camp staff:					
General Appraisal of this child:					
(For Girls) Has this child menstruated? If not, has she been told about it?					
If so, is her menstrual history normal?					
Special Considerations:					
Does this child have a problem with bed wetting?					
Special Considerations/instructions:					
I have examined the child described herein and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, basketball or other strenuous activities, except as stated above.					
Examining Physician or Nurse Practitioner: Phone					
Address: Data of Exam:					
Signature:    Date of Exam:    2200 California Avenue, Pittsburgh, PA 15212 * 412-231-1258 FAX 412-586-4589					

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