

Lawrence Woodmere Academy Summer Day
Health History and Examination Form for Children, Youth and Adults

Physical Examination

An annual physical examination is required by the Board of Health for participation in our Summer Day program.

Camper _____ Birthdate _____ Date of Exam _____

I have examined the above applicant. In my opinion the child can participate in:

Full Activity _____ Restriction _____ Recommendation _____

- | | |
|--|--|
| <p>1. BP _____ Pulse _____</p> <p>2. Height _____ Weight _____
Body Mass Index _____
Weight Status Category (BMI Percentile)
() Less than 5th () 5th – 49th () 50th – 84th
() 85th – 94th () 95th – 98th () 99th and higher</p> <p>3. Urinalysis _____</p> <p>4. Heart _____</p> <p>5. Breasts _____</p> <p>6. Lungs _____</p> <p>7. Eyes R _____ L _____</p> <p>8. Visual Diagnosis _____</p> <p>9. Ears: Otitis _____
Audiometric _____
P.E. Tubes- Yes ___ No ___</p> | <p>10. Speech _____</p> <p>11. Nose _____</p> <p>12. Throat _____</p> <p>13. Tonsils _____</p> <p>14. Teeth and Gums _____</p> <p>15. Skin _____</p> <p>16. Glands (cervical, thyroid, other) _____</p> <p>17. Nervous System _____</p> <p>18. Hernia _____</p> <p>19. Genitourinary _____</p> <p>20. Tanner I. II. III. IV. V.</p> <p>21. Orthopedic: Scoliosis: () positive
() negative</p> <p>Posture _____ Feet _____</p> <p>22. Abdomen _____</p> |
|--|--|

Surgeries _____

Significant Illnesses/ Injuries _____

Allergies _____

Current Medications _____

Child is under my care for the following conditions: _____

<u>IMMUNIZATIONS</u> (please fill in or attach record of immunization)	<u>Procedures/Tests</u>
DPT or DTaP _____ / _____ / _____ (3 required)	MMR _____ / _____ (2 measles required for Kindergarten)
Td or DT Booster _____	TB Screening _____
Tdap _____	Chest X-Ray _____
Polio (OPV or IPV) _____ / _____ / _____ (3 required)	Sickle Cell Test _____
PCV _____ / _____ / _____	Lead Test _____ (required for pre-school)
Other _____	Hep A _____ / _____

Signature of Examining Physician

Date

Print Name

Physician's Address & Phone Number

(Please Stamp)

Lawrence Woodmere Academy Summer Day
Health History and Examination Form for Children, Youth and Adults

Physical Examination

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care.
(This side to be filled out by parent/guardian of minors or by adult camper/staff members themselves)

Name _____ Birthdate _____ Sex _____ Age _____
Last First

Parent or Guardian (or Spouse) _____

Home Address _____ Phone _____
Street & Number City State Zip (area code) number

Business _____ Phone _____
Street & Number City State Zip (area code) number

Second Parent or Guardian or Emergency Contact _____

Home Address _____ Phone _____
Street & Number City State Zip (area code) number

Business _____ Phone _____
Street & Number City State Zip (area code) number

If not available in an emergency, notify (other than parent):

Name _____

Address _____ Phone _____
Street & Number City State Zip (area code) number

Health History

(Check. Give Approximate dates)

- _____ Frequent Ear Infections
- _____ Heart Defect/ Disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/Clotting Disorders
- _____ Hypertension
- _____ Mononucleosis

Diseases

- _____ Chicken Pox
- _____ Measles
- _____ German Measles
- _____ Mumps

Allergies (Date not needed)

- _____ Hay Fever
- _____ Ivy Poisoning, etc.
- _____ Insect Stings
- _____ Penicillin
- _____ Other Drugs
- _____ Asthma
- _____ Other (Specify)

Operations or Serious Injuries (dates) _____

Chronic or recurring illnesses or medical conditions _____

Dietary restrictions _____

Current medications (send with instructions) _____

Other Diseases _____

Name of Dentist/ Orthodontist _____ Phone _____

Name of family Physician _____ Phone _____

Do you carry family medical/hospital insurance? () Yes () No

If so, indicate: Carrier: _____ Policy or Group # _____

Carrier Address _____

Suggestions on health related information for camp personnel _____

For Female:

Has this person menstruated? _____ If not,, has this person be told about it? _____

If so, is her menstrual history normal? _____ Special Consideration _____

** IMPORTANT **

** THIS MUST BE SIGNED IN ORDER TO ATTEND OUR PROGRAM**

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of parent or guardian or adult camper/staffer _____ Date _____