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YOUTH CAMP HEALTH EXAM/RECORD

PHYSICAL EXAMS ARE VALID FOR 3 YEARS FROM DATE OF LAST EXAMINATION

PLEASE RETURN COMPLETED FORM TO THE CAMP

Name, Date of Birth, Phone, Guardian, Address, Emergency Contact, Camp date, Camp Location

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER

Date of Exam

May participate in all camp activities, May participate except for:

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription or over the counter medication(s)? YES - NO If yes, indicate names of medication(s):

Does the individual have allergies? YES - NO Explain:

Is the individual on a special diet? YES - NO Explain:

Does the individual have special needs? YES - NO Explain:

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American

Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Table with columns for NO and YES for Measles, Mumps, Rubella, Chickenpox, Tetanus, Hepatitis B, Diphtheria, Pertussis, Polio.

COMMENTS:

Print name of medical care provider, Medical care provider's address, Medical care provider's: City/Town ST Zip Code

Date Form Signed

Phone Number

Signature of Physician, PA, APRN or RN