



CAMPER NAME _____

ADDRESS _____

Physician's Name _____ Phone Number _____ Chart # (if applicable) _____

MEDICAL HISTORY (to be completed and signed by doctor)

IMMUNIZATIONS DATES

Measles _____

Mumps _____

Rubella _____

Chicken Pox _____

TB: *Mantoux _____

Tine _____

DPT _____

Polio _____

HiB _____

Hep B _____

Tetanus Booster: last received _____

CURRENT OR PAST HISTORY:

	NO	YES	YEAR	DETAILS
Injury	___	___	___	___
Skin	___	___	___	___
Glands	___	___	___	___
Eyes	___	___	___	___
Ears	___	___	___	___
Nose	___	___	___	___
Teeth	___	___	___	___
dentures	___	___	___	bridge ___
Chest	___	___	___	___
Bones	___	___	___	___

	NO	YES	YEAR	DETAILS
Deformity	___	___	___	___
Stomach	___	___	___	___
Bowels	___	___	___	___
Hernia	___	___	___	___
Kidney	___	___	___	___
Bladder	___	___	___	___
wetting	___	___	___	___
GYN	___	___	___	___
Heart :				
murmur	___	___	___	___
other	___	___	___	___

Behavior _____

Neurologic _____

Contagious _____

Other _____

Date of last physical exam (form should be based on a physical performed within the past 12 months)

Physician's signature _____

***Please return this form to: Camp Veritans C/O "YM-YWHA", 1 Pike Drive, Wayne, New Jersey 07470**