

2008 Camp Blessing Physical Exam Form for Campers and Staff—to be filled out by physician

Each camper and staff member **MUST** have a written a completed Medical Record Form with a physical exam preformed within the preceding 24 months on file at Camp Blessing.

MEDICAL EXAM

Name of Camper/ Staff: _____

Date Examined: _____

Minimum immunization requirements for campers: 1 dose of DTP and/or TD vaccine, 2 doses of live measles vaccine, 1 dose of live mumps vaccine, and 1 dose of live rubella vaccine. Additional dose of MMR required prior to 7th grade. TB booster required every 10 years.

Vaccine Type	Date Last Booster	Date Primary Series Completed
DTP or TD		
Polio		
Measles		
Rubella		
Mumns		
Chicken Pox		
Henatitis B		
Other (List)		

I have purposefully declined immunizations for my Child.

Parent/Guardian Signature: _____

Essential findings that are deviations form normal: _____

Limitations, restrictions, treatments to be continued during camp: _____

List Medications used and purpose: _____

Note for Special Person’s camp: The coordinator will mail an expanded information sheet which will have more room for information regarding medications.

All prescriptions, over-the-counter medications, vitamins, and herbal products **MUST be in original containers with camper’s name.**

In my opinion, this person’s condition allows participation in an active camp program.

Signature of MD/NP/PA: _____ Date: _____

Print Name Address and Phone number of above: _____

Send completed forms for Wausau to: Sara Lenzner, 822 N. 3rd Ave., Wausau, WI 54401; (715) 842-8499