



CAMP PATRICK PHYSICAL FORM

Camper's name: _____ DOB: _____

Date of exam: _____ Weight: _____ Height: _____ BP: _____

Problem list None

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Spina bifida | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Chronic or current wound |
| <input type="checkbox"/> Hydrocephalus | <input type="checkbox"/> Neurogenic bladder | <input type="checkbox"/> Growth hormone deficiency | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Shunt | <input type="checkbox"/> Neurogenic bowel | <input type="checkbox"/> Osteoporosis/penia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Chiari II | <input type="checkbox"/> Frequent UTIs | <input type="checkbox"/> Frequent fractures | <input type="checkbox"/> Behavior issues |
| <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Kidney disease | | |

Other health issues or further explanation of above:

Exam findings relevant to camp (e.g. pressure injury)

Are vaccinations up to date? Yes No If not, is there a medical reason?

Are there any restrictions to participating in camp? Yes No If yes, please explain:

Do you have any reservations about camper attending camp? Yes No If yes, please explain:

Physician's Name: _____ Date: _____

Physician's Signature: _____ Phone: _____

Address: _____