Camp Health Form
Page 3: Health Care Record

To the Parent/Guardian: If your healthcare provider has given you a form recording the most recent physical exam and all required immunizations, send a copy to the camp and do not complete and return this page. If your healthcare provider has not given you a form recording the most recent physical and all required immunizations, complete the Camper Information below and send this page to the provider's office to complete. It is your responsibility to return this completed page to the camp, prior to the forms deadline. Keep a copy of this completed form for your records.

Camper Information:

Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

To the licensed medical provider: Complete this form for the camper named above. Attach any additional needed information. A copy of a previously completed form from a yearly physical, or similar, may be submitted in place of this form.

Date of physical exam must be within 24 months of camp.

Physical exam done today: ☐ Yes ☐ No (If "No", date of last physical: _____)
Month/Day/Year

Weight: _____lbs Height: _____ft _____in. Blood Pressure: _____ / _____

Allergies: ☐ No known allergies
☐ This camper is allergic to: ○ Food ○ Medicine ○ environment (hay fever, insects, etc.) ○ Other
Describe the allergy and the reaction seen:

Diet and Nutrition: ☐ This camper eats a regular diet. ☐ This camper has special food needs. Describe below.

Medications: ☐ This camper does not take medications.
☐ This camper takes the following medication(s). Describe below, and include the medication name, dose, frequency, and reason for taking. Attach additional information if needed.

Sports Clearance: ☐ The camper may fully participate in all soccer camp activities.
☐ The camper may participate in camp activities with the following restrictions:

Additional Information for camp healthcare staff:

Immunization History: Provide the day, month, and year for each immunization. Massachusetts requirements are listed below. Serologic proof of immunity is accepted in lieu of immunization. Immunizations must be recorded and signed by a licensed medical provider. The date of the last tetanus immunization is required.

Required Immunizations (# doses)	Dates of Administration (mm/dd/yy) *OR laboratory proof of immunity				
MMR (2 doses)*	/ /	/ /			
IPV/OPV (3 doses for each or 4 doses of mixed vaccine)	/ /	/ /	/ /	/ /	
Td (3 doses) OR DTaP/DTP/DT (4 doses)	/ /	/ /	/ /	/ /	
Hepatitis B (3 doses)*	/ /	/ /	/ /		
Tetanus booster	Must be within the last 10 years				/ /

Signature of Licensed Provider: _____ Date: _____

Print Name: _____ Title: _____ Office Phone: _____

Office Address: _____
Street Address City State Zip Code