



# CLASS 2 MEDICAL EVALUATION

(Read additional requirements outlined on front of form)

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

**NOTE TO LICENSED HEALTH CARE PRACTITIONERS:** The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

**PHYSICAL EXAMINATION** To be filled out by a licensed health-care practitioner

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

VISION: Normal \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

HEARING: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Explain \_\_\_\_\_

URINALYSIS (when indicated): Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

<b>Check Box:</b>	<b>Norm</b>	<b>Abn</b>		<b>Norm</b>	<b>Abn</b>		<b>Norm</b>	<b>Abn</b>
Growth development	<input type="checkbox"/>	<input type="checkbox"/>	Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary system	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Neurobehavioral	<input type="checkbox"/>	<input type="checkbox"/>

Explain any abnormal finding \_\_\_\_\_

**Approved for all activities** (hiking, camping, water activities, and vigorous sports) **Yes**      **No** (list below)

**LIMITATIONS:**

Activity restrictions \_\_\_\_\_

Diet restrictions \_\_\_\_\_

Signature \_\_\_\_\_ M.D./D.O.      Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Name (print) \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Physician's Office Stamp**

Record of findings, diagnoses, treatment, instructions or dispositions since evaluation

Date/Place	Action	By

Keep original form for your personal use. Make copies for unit or camp use. Be sure information and signatures are legible on copies