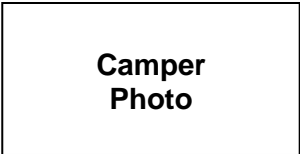




HEALTH SCREENING FORM



Camper Name: _____

Diagnosis: _____

Age: _____

Lodge: _____

Med Allergies: _____

Food/Env Allergies: _____

CHECK IN

My camper does not have any electronic devices in their possession, including a cell phone.

Who will pick your child up from camp? _____ Relationship: _____

Backup: _____ Relationship: _____

MEDICAL ASSESSMENT

NO MEDS
 Reviewed camper application/ medication list with parent.

Is there a physical limitation to:

Horseback riding? Yes No

Swimming? Yes No

Does your camper require bed rails? Yes No

Other Limitations/Information: _____

Medical Supplies Yes No

Comments: _____

Medical Procedures Yes No

Comments: _____

CLINICAL EVALUATION (as applicable)

Height: _____ Weight: _____ B/P: _____ Temp: _____ Pulse: _____ O2Sat: _____

In the past 14 days have you had:

1. Fever (100°F or greater)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Shortness of breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	Normal	Abnormal	Comments
HEENT			
Lungs and Chest			
Skin			
Heart			
Abdomen			
Musculoskeletal			
Other: _____			

	Negative	Positive	Describe Findings
Abuse Screening			
Pediculosis (Lice)			

CHECK OUT

Signature of child transporter: _____ (Attach copy of photo ID)