

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 7 days have you had:
- | | | |
|------------------------------|------------------------------|-----------------------------|
| 1. Fever (100°F or greater)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Sore throat? | <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) | | | |

Signature: _____

CHECK OUT

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