



## CAMPER PHYSICAL FORM

Camp Hochelaga requires each camper to have a completed copy of this form or an equivalent form generated by a medical facility on file prior to attending camp. **This form can be uploaded into your camper's online account** or mailed to YWCA VT, 76 Pearl Street Suite 205, Essex Junction, VT 05452. Camp Hochelaga **does not** have a fax number.

**This form is to be completed by a medical professional, preferably the camper's primary care physician. Camp Hochelaga requires each camper to have documentation of a physical within 12 months of camp attendance.**

Camper Name: \_\_\_\_\_ Camp Session Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Physical Exam Completed Today:** YES NO if "NO" date of last physical:

Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

**Allergies:** \_\_\_ NO known allergies

\_\_\_ To Foods (LIST):

\_\_\_ To Medications (LIST):

\_\_\_ To the Environment (LIST):

\_\_\_ Other (LIST):

**Describe previous reactions:**

**Diet/Nutrition:** \_\_\_ Eats regular diet

\_\_\_ Has medically prescribed meal plan or dietary restrictions (describe below):

**Camper is undergoing treatment for following conditions (describe below):** \_\_\_ None

**Medications:** \_\_\_ No daily medications

\_\_\_ Will take the following prescribed medications while at camp: (name, dose, frequency)

**Will the camper require limitations or restrictions to camp activities?** \_\_\_ NO \_\_\_ YES (DESCRIBE "YES" BELOW):

**"I have reviewed this camper's medical history and have discussed the camper program with the camper's parent/guardian. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above)."**

**Name of Licensed Provider (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MAIL FORM TO YWCA VT, 76 PEARL STREET SUITE 205, ESSEX JUNCTION VT 05452 (NO FAX AVAILABLE)**