# 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 Camp Hochelaga, 34 Hochelaga Road, South Hero VT 05486. 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.

<table>
<thead>
<tr>
<th>Camper Name:__________________________________</th>
<th>Camp Session Date:____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name:___________________________</td>
<td>Phone:________________________ Date:__________</td>
</tr>
</tbody>
</table>

**Physical Exam Completed Today:**  YES   NO  
If “NO” date of last physical:

<table>
<thead>
<tr>
<th>Weight ________</th>
<th>Height ________</th>
<th>Blood Pressure <strong><strong><strong><strong>/</strong></strong></strong></strong>__</th>
</tr>
</thead>
</table>

**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 CAMP HOCELAGA, 34 HOCELAGA ROAD SOUTH HERO VT 05486 (NO FAX AVAILABLE)