

MYFGA 2017 Winter Camp Application
Health Examination for MYFGA Winter Camp

Camper's Name: _____

DOB: _____ Gender: M / F Age: _____

Parents: MYFGA requires that you submit a copy of a health examination by a licensed physician that has been conducted with the past two years. Please include any recent changes in health history or medication.

If your child needs a new health examination, please use the form below.

If you attach a different form (from school athletics, etc.) please make sure it addresses all of the questions on our form, and note any minor changes here:

Physician's Assessment (page 1 of 2)

Note to examining physician: This applicant will be participating in activities such as Ice Fishing, Snowshoeing, and physical recreation. Since it may be necessary for a physician to see this applicant during his/her stay at camp, it is important to have an accurate medical history. Your cooperation in making a careful examination is greatly appreciated to ensure a quality and safe camp experience. Thank you!

The applicant is under care of the physician for the following conditions: _____

I have examined the applicant within the past 2 years **YES / NO** (circle one)

Date examined: _____

Immunization History

Is the camper up-to-date on his/her immunizations? **YES / NO** (circle one)
 Please attach a record of these immunizations or complete the following:

Vaccine	Date of Basic Immunization	Date of Last Booster
DTaP/Td		
Polio		
MMR		
Varicella		
Hepatitis Series 1 st		
2 nd		
3 rd		

Health History - please provide approximate dates when applicable

Frequent ear infections _____
 Heart defect / disease _____
 Convulsions _____
 Diabetes _____
 Bleeding/Clotting Disorder _____
 Hypertension _____
 Tuberculosis _____
 Hay Fever _____
 Poison Ivy or Sumac _____
 Other Condition _____

Mononucleosis _____
 Chicken Pox _____
 Measles _____
 German measles _____
 Mumps _____
 Asthma _____
 Hepatitis _____
 Insect bites - severe reaction _____
 Medicine allergy/reaction _____

MYFGA 2017 Winter Camp Application – Health Form

Physician's Assessment (page 2 of 2) for camper: _____

Allergies? (Latex, foods, medication, etc.) _____

Severity of allergies? _____

Surgeries or serious injuries? (Dates) _____

Disability or chronic recurring illness? _____

Does applicant have epilepsy? YES / NO Does applicant have diabetes? YES / NO

Please explain any reported loss of consciousness, convulsion, or concussion if different from above:

Current Medications: _____

Any side effects or medication-based reactions the camp should be aware of? _____

Please note medications that will need to be administered at camp: (name, dosage, time, etc.)

Any medically prescribed meal or dietary restrictions? _____

Additional Health Information: Are there any other health issues that the camp should be aware of?

Restrictions on participation:

In my opinion, the person's condition **DOES / DOES NOT** (circle one) preclude this camper's participation in a reasonably active camp program:

Camper's Name: _____

**Licensed Physician's Signature: _____

Physician's printed name: _____

Daytime Phone #: _____ Evening Phone #: _____

Date: _____

Please return this form to the camper's parent or guardian, or mail to:

MYFGA Winter Camp - 217 4th Street - Old Town, ME 04468

Questions? Write or call our Camp Director, Craig Hanson at craig.hanson@rsu34.org or 207-889-7097.

Or Camp Coordinator, Adam Regan at adam.regan16@gmail.com or (207) 852-6398

CAMPER RESERVATION WILL BE CONFIRMED ONLY WHEN ALL FORMS AND PAYMENT ARE
RECEIVED