Applicant's Name | Session | Birth Date | ☐ Male ☐ Female

Physician's Examination

HEALTH FORM

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height	Weight	Pulse	Blood Pressure	Hct/Hgb Test (if appropriate)	Urinalysis (if appropriate)

Please rate the following:
V – Satisfactory
X – Not satisfactory
O – Not examined

Eyes	Ears	Nose	Throat	Lungs	Heart	Abdomen	Genitalia	Hernia	Extremities	Posture	Skin	Neuro
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

General Appraisal
Please address any concerns from above.

Medications
Please list any medications the applicant is currently taking.

Allergies
Please list any allergies the applicant may have.

Immunizations
Date of last tetanus shot | Are immunizations up to date? ☐ Yes ☐ No

Current Medical Problems and Treatments
Use a second sheet if needed.

Recommendations
List restrictions on the applicant at camp.

I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

I examined the applicant today ☐ Yes ☐ No | If no, date of examination

Name of Doctor	Signature	Date
Contact Information		

CAMP AVODA

CampMinder

Male Female

Applicant's Name | Session | Birth Date

Immunization Form

HEALTH FORM

Please complete this form and return it to the camp as soon as possible. Your Health Form will not be complete without it.

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
COVID-19	mm/yyyy		Vaccine Manufacturer (Pfizer-BioNtech, Moderna, Johnson & Johnson, etc.)			
DTaP or TDaP Diphtheria, tetanus, pertussis	mm/yyyy					
Tetanus, Pertussis booster						
MMR Mumps, measles, rubella						
IPV Polio						
HIB Haemophilus influenzae type B						
PCV Pneumococcal						
Hepatitis B						
Hepatitis A						
Chicken Pox Varicella						
MCV4 Meningococcal meningitis						
H1N1 Swine flu						
Flu shot						

If any of the immunizations listed above have not been received, please explain why. Use a second sheet if necessary.