CAMP ODAYIN CAMPER PHYSICAL EXAM FORM

(To be filled out by your primary care physician, not a cardiologist)

All campers are required to have a physical exam within one year of the first day they will attend camp. Dear Doctor: In order to attend Camp Odayin, campers must be recommended to Camp Odayin by their cardiologist and approved by our Medical Director. Please provide us additional health information after performing a physical examination.

Camper Name:_____ Birth date:_____
Date of last physical exam:_____
Home Address:_____
Home Phone:_____ Gender: ___ Male ___ Female
Parent / Guardian Name: _____
Height _____ Weight _____ Blood Pressure _____ Heart rate _____

Special Health Conditions (check all that apply and explain below)

____ Arthritis
____ Attention Deficit / Hyperactivity Disorder
____ Behavioral or Developmental Problems
____ Dental Problems
____ Encopresis
____ Head or Spinal Injury
____ Kidney Disease
____ Seizures
____ Spina Bifida
____ Other:

____ Asthma
____ Cerebral Palsy
____ Cystic Fibrosis
____ Diabetes
____ Enuresis
____ Hearing Impairment
____ Muscular Dystrophy
____ Sickle Cell Disease
____ Visual Impairment

Immunization history: (please provide dates)

Tetanus Booster___/___/___
Measles___/___/___
DPT series ___/___/___
Polio Series___/___/___
Mumps ___/___/___
Chicken Pox ___/___/___

Please list non-cardiac surgeries / medical procedures and dates performed:

_____
_____

Treatments to be continued at camp:

_____
_____

Description of any limitations or restrictions while at camp:

_____
_____

Additional information for medical staff at camp:

_____
_____

_____

Physician Signature (print name) Phone Date

This form must be completed and signed by a physician, physician's assistant, or nurse practitioner, and returned to the camp office. Must be stamped by the clinic. Thank you.

Due by May 1st – Residential Campers **Due by July 1st – Day Campers**

Camp Odayin, P.O. Box 2068, Stillwater, MN 55082
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