

**PHYSICAL EXAM
TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL**

You must have a valid Physical Exam form uploaded into each camper's registration documentation for them to attend camp. If you have a completed and signed physical exam form for the child who will attend camp from the prior 24 months of this camping season, you may upload that form. Otherwise, upload this completed and signed form, after you have a health exam completed by a qualified physician, RN, PA, NP, or other person recognized by law. If your family medical provider is not available, you can take this form to your local quick care or urgent care facility for an exam.

Camper Name: _____ DOB: ____/____/____

Please check:

_____ The applicant **is fit** for unrestricted participation in an active camp program.

_____ The applicant **is fit** for participation in an active camp program **with the following restrictions:**

The applicant is under my care for the following medical condition(s):

List any treatment to be continued at camp:

List any current medications that this child needs to take at camp.

According to Wisconsin State Law, any medication administered at camp must include the following information:

Name of medication:
Dosage:
Route:
Frequency:
Duration:
Adverse reactions:

Name of medication:
Dosage:
Route:
Frequency:
Duration:
Adverse reactions:

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PHYSICAL EXAM CONTINUED

Name of medication:
Dosage:
Route:
Frequency:
Duration:
Adverse reactions:

Name of medication:
Dosage:
Route:
Frequency:
Duration:
Adverse reactions:

Specific conditions when contact should be made with prescribing professional:

The applicant has the following allergies (medications, foods, insects, etc.)

List any medically prescribed meal plan or dietary restrictions:

Additional health information or special instructions for the camp nurse:

Date of Exam: ___/___/_____

EXAMINER'S SIGNATURE AND TITLE: _____

Address: _____

City/State _____ / _____ Zip: _____

Phone: (_____) _____

Please upload both pages of this document.