

CRA Camp Application Summer 2012

Health Fact Sheet: Part B – Childhood Illness History

To be completed by Child's Doctor. *(Note: A standard physician's Camp Form will be accepted provided it contains the following information)*

Child's Name _____ Date of Birth _____

Immunization History

	Date	Date	Date	Date
DPT				
DT				
Polio				
MMR				
HB-Conjugate				
Varivax				
Hep A				
Hep B				
Other				

TB Screen: No Risk _____ At Risk _____

If at Risk: TB/PPD applied on ___/___/___ Positive _____ Negative _____

History of Reaction to food, serum, drugs or medicine? No ___ Yes ___ Explain _____

Sex _____ Age _____ Height _____ Weight _____ BP _____ Pulse _____ Resp _____

#	System	Satisfactory	Unsatisfactory	Describe Abnormality
1	Skin			
2	Eyes			
3	Ears			
4	Nose, Throat			
5	Neck, Thyroid			
6	Chest, Breast, Lungs			
7	Heart Rate			
8	Heart Rhythm			
9	Liver, Kidneys, Spleen			
10	Hernia			
11	Back, Spine			
12	Joints			
13	Neurological			

The following abnormalities should be noted: _____

Please indicate any medications taken and how many times per day _____

The patient does _____, does not _____, have a history of emotional, psychological, or psychiatric disturbance.

The patient may participate in camp activities: without restrictions _____, with the following restrictions _____

Restrictions: _____

Health Care Provider:

Name _____ Address _____

Signature _____ Date _____ Phone _____