

**LIONS CAMP HORIZON
PHYSICAL EXAMINATION FORM**

THIS FORM MUST BE RECEIVED NO LATER THAN JUNE 1st

PART I: Personal Information (to be completed by parent/guardian)

Camper's Name: _____ Nickname: _____ DOB: _____
____ Male ____ Female Custodial Parent/Guardian: _____
Address: _____
Street City State Zip
Telephone: _____ Email Address: _____

PART II Medical Information (to be completed by healthcare provider)

Height: _____ Weight: _____ Blood Pressure: _____ Heart Rate: _____ Respiration: _____ Temp: _____

Assessment:

Skin/scalp: _____ Eyes: _____ Ears: _____ Nose, throat, & mouth: _____ Glands: _____
Teeth & gums: _____ Lungs: _____ Heart: _____ Abdomen: _____

Allergies:

Medications: _____
Insect stings: _____ Does camper have a prescription for an Epi-Pen? _____
Environmental: _____ Other: _____
Does camper have a prescription for a rescue inhaler? Yes ____ No ____
Does camper have a history of seizures? Yes ____ No ____ Date of last seizure: _____ If yes, please advise what
type and frequency: _____

Does camper require a portable oxygen tank? _____ CPAP or VPAP: _____
Does camper require a mouth guard during sleep? _____

Vaccinations:

Date of last Tetanus vaccine: _____ Date of last TB test: _____ Positive: ____ Negative: ____ PPB reactor: ____
Date of COVID-19 vaccination: _____

Current or chronic medical conditions: _____

Medically prescribed dietary restrictions or meal plan: _____

**Camp activities include nature walks, outdoor games and activities, arts & crafts and bowling. Please advise any
restrictions on physical activities at camp:** _____

Additional information for our nursing staff: _____

