

Physical Exam Form - BYM Camps 2025

Camper Name _____ Date of Birth ____/____/____

Date of Physical Exam: ____/____/____ (Must be within 12 months of the camper's stay at camp)

Weight _____ Height _____ Blood Pressure ____/____

ALLERGIES

Does the camper have any known allergies? YES | NO *Please describe allergy, reaction, and treatment*

HEALTH CONDITIONS

Is the camper being treated or followed for any medical or mental health condition(s)? YES | NO *Please explain*

MEDICATIONS

Should the camper continue any medications while at camp? YES | NO *Name, dose, route, timing, duration*

ACTIVITY RESTRICTIONS

Should the camper have any limitations or adaptations in activity while at camp? YES | NO *Please describe*

IMMUNIZATIONS

Are the camper's immunizations up to date? YES | NO *If no, please explain why not*

I have discussed the camp program with the camper's parent(s)/legal guardian. I have examined this child and find them to be physically and emotionally fit to participate in an active camp program (except as noted above).

Name of licensed provider (please print): _____ Title: _____

Office address: _____ Phone number _____

Signature of Health Care Provider: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____