

**Calvin Camp - 2020
Physical Form**

Camper Name: _____

Week Attending: _____ Week 1 _____ Week 2
(July 13-18) (July 20-25)

CAMPER'S PHYSICAL FORM: To be filled out by the doctor

Medical condition Camp should be aware of:

Any communicable diseases, chronic illnesses or injuries:

Special instructions (e.g., health procedures, special diets, exempted activities, etc.):

Allergies (e.g., drugs, food, other):

_____ was given a camp physical examination on ____/____/____.
(must be within 12 months of designated Camp). S/he is in satisfactory physical condition and capable of active participation except as noted above.

Signature of Doctor _____ Date _____ Phone _____

Printed Name _____

Address _____ City _____ State _____ Zip _____

ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS TO THIS PHYSICAL FORM