



Camp Quality USA – Physical Exam Form

Use for Siblings, Teen Squad and others camp participants without a current or prior cancer diagnosis

Physical Exam Form - TO BE COMPLETED BY HEALTH CARE PROVIDER – Information on this form is confidential.

NAME _____ DOB ____ / ____ / ____ Date of Exam ____ / ____ / ____

MEDICAL INFORMATION | Past Medical History:

Surgeries:	Other:

ALLERGIES:

Any activity restrictions?

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PLEASE ATTACH COPY OF IMMUNIZATION RECORDS

Immunizations are: ☐ Up to date ☐ NOT up to date (MMR, DTap, Varicella)

BASELINE VITAL SIGNS

Temperature:	
Blood Pressure: /	
Pulse:	
Respirations:	
Height:	
Weight:	

BASELINE PHYSICAL EXAM | Please place a X in the appropriate column. *If abnormal, please describe below:

NML	*ABNL		NML	*ABNL	
		HEENT			NEURO
		ABDOMEN			HEARING/VISION
		HEART			LUNG
		SKIN			MUSCULOSKELETAL

PSYCHOSOCIAL ISSUES/CONCERNS | Please list below

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PHYSICIAN ACKNOWLEDGEMENT: I have been informed about Camp Quality and the request of my patient to attend. The items are correct to the best of my knowledge and belief. In my opinion this patient is physically and mentally capable of attending camp.

Provider's Signature		Date
Provider's Name (Please Print)	MD DO NP PA	Phone