

# PHYSICAL EXAMINATION FORM

RETURN  
THIS  
PAGE ON  
OR  
BEFORE  
MAY 31<sup>ST</sup>

- This form or an alternative form with similar content must be completed by a medical professional
- The Examination Date must be within one year of camper's first day of camp
- Please submit this form, Immunization Records and final payment by May 31<sup>st</sup>

Camper Name \_\_\_\_\_  
 Height \_\_\_\_\_  
 Weight \_\_\_\_\_

Date of Birth \_\_\_\_\_  
 Blood Pressure \_\_\_\_\_  
 Heart Rate \_\_\_\_\_

**Special Health Conditions (check all that apply and elaborate below as needed)**

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma
<input type="checkbox"/> Attention Deficit / Hyperactivity Disorder	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Behavioral or Developmental Problems	<input type="checkbox"/> Cystic Fibrosis
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Encopresis	<input type="checkbox"/> Enuresis
<input type="checkbox"/> Head or Spinal Injury	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Seizures	<input type="checkbox"/> Sickle Cell Disease
<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Visual Impairment

Comments on any of the checked-off conditions:

Please describe any recommended limitations or restrictions while at camp:

Additional comments for medical staff at camp:

In your opinion, is this camper able to participate in an active outdoor camp program?

**Yes**    **No**      If not, explain:

Physician Signature \_\_\_\_\_  
 Physician Printed  
     Name \_\_\_\_\_  
 Exam Date \_\_\_\_\_  
 Office Address \_\_\_\_\_  
 Office City, State, Zip \_\_\_\_\_  
 Office Phone \_\_\_\_\_

Please return this form to Sherwood Forest Summer Camp.  
 Email: [admissions@sherwoodforestsummercamp.com](mailto:admissions@sherwoodforestsummercamp.com)  
 Mail: PO Box 10816, Houston TX 77206  
 Fax: 512 900 7939