Physical Exam

Colorado Law requires proof or a physical within the last 24 months. A copy of a recent physical, or a school or Sports physical may be used in place of this form. Please provide a copy for us since we place previous records in permanent storage at the end of each summer.

Name of Camper	Sex	Age	Cabin	Sessions
_____	_____	_____	_____	_____

Height _____ Weight _____ Blood Pressure _____ HGB. Test _____ Urinalysis _____
Eye _____ Ears _____ Nose _____ Throat _____ Teeth _____
Lungs _____ __ Abdomen _____ Hernia _____ Extremities _____ Posture(Spine) _____
Allergy: (Please specify) _____ Heart _____ Skin _____
General Appraisal: _____
For girls and women: Has this person menstruated? _____
If not, has she been told about it? _____ If so, is her menstrual history normal? _____
Special considerations: _____

Special Medical Notes: (allergies, medications, restrictions, problems, recent injuries, etc.)

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities except as noted above.

Examining Physician _____ Telephone _____

Address _____ Date _____

Infirmary Log

Date	Record of Visit (to include illness/injury & treatment	Signed