

FREE SPIRIT NATURE CAMP

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www.freespiritnaturecamp.com

CHILD HEALTH FORM TO BE COMPLETED BY PHYSICIAN

You may substitute a copy of child's physical, or school medical record for this form.

Child's Name _____ Gender ___ Birthdate _____

Address _____

Parent Name _____

Home Phone _____ Cell Phone _____

Dpt or DT	OPV	MMR	Measles	Mumps	Rubella
1. _____	1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____				
5. _____	5. _____				

Hib	Hep B	OTHER	Varivax
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	or had disease
3. _____	3. _____	3. _____	yes/no
			date _____

Height _____	Orthopedic _____	Date of Exam _____
Weight _____	Structural _____	PARTICIPATION:
BP _____	Posture _____	In regular activities _____
Eyes _____	Feet _____	In strenuous activities _____
Ears _____	Scoliosis _____	ANY RESTRICTIONS?
Lymph Nodes _____	Skin _____	_____
Thyroid _____	Epilepsy _____	_____
Nose _____	Nervous System _____	_____
Tonsils _____	Speech _____	_____
Heart _____	Nutrition _____	_____
Lungs _____	Urinalysis _____	_____
Hernia _____	OTHER _____	_____

SPECIAL INSTRUCTIONS, ALLERGIES, SPECIFIC MEDICATION ORDERS:

Doctor's Stamp

Physician's Signature _____

Telephone _____ Date _____