



Girl Scouts of Western Washington
Health Examination Record for Community Camp

A Medical Exam is Required When the camper/staff has had within the last 18 months, surgery, serious illness, injury that has limited their activity, or has been hospitalized, or the camper/staff has a complex medical history with multiple prescription medications.

Name _____ Camp _____ Date _____
Last First Initial

Date of Birth: _____ Address _____ City _____ State _____ ZIP _____

PLEASE RETURN THIS FORM WITH YOUR HEALTH HISTORY FORM. PLEASE MAKE A COPY OF THIS FOR YOUR RECORDS.
 To Be Filled In By A Qualified Physician, Nurse Practitioner, Physician's Assistant, Or Registered Nurse Working In Cooperation With A Licensed Physician

Health Examination: Date of examination: _____ Height _____ Weight _____ B.P. _____ Appearance-Nutrition _____

Wears: Glasses Contacts or Protective eyewear Frequent ear infections Yes No Hearing Limitations: _____

Code:		Satisfactory ✓	Not satisfactory X	Not examined F	
E.N.T. _____	Skin _____	Heart _____	Abdomen _____	Nuero _____	Urinalysis* _____
_____	Teeth _____	Lungs _____	Musculoskeletal _____	Genitalia * _____	HGB* _____

Depending on the child's age these may not be required for every health examination. Let the person completing the physical determine if needed.

Other notes _____

Comments and recommendations:

General physical and emotional status _____

The camper is under the care of a physician for the following conditions: _____

Describe management/current/ongoing treatment of significant illness to be continued at camp. _____

Explain any activity restrictions: _____

Chronic Medications to be administered at camp: _____

Acute Medications to be administered at camp: _____

This person is in satisfactory condition and may engage in all usual activities except as noted above.

Name _____ Signature _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____ Date _____