

2026 MEDICAL FORM

Original Must be Uploaded to CampDocs with any Physician Attachments

Do Not Substitute any Other Form * Exception: Kaiser Camp/Boy Scouts of America Medical Form

CAMPER NAME: _____ DOB: _____ DATE OF EXAM: _____

Camper's Disability: _____ Functional Mental Age: _____ Height: _____ Weight: _____

Disability Involves:

☐ Legs ☐ Hands ☐ Head/Neck ☐ Hearing ☐ Breathing ☐ Learning ☐ Coordination ☐ Understanding
☐ Arms ☐ Trunk ☐ Vision ☐ Speaking ☐ Communication ☐ Behavior ☐ Other _____

In my opinion, the camper is physically and emotionally fit to participate in an active camp program. ☐ Yes ☐ No

Health History: (Check, if applicable, and provide approximate date)

☐ Diabetes ☐ Heart Defect/Disease ☐ Bleeding/Clotting Disorders ☐ Asthma ☐ Measles
☐ Frequent Ear Infections ☐ Hay Fever ☐ Chicken Pox ☐ Down Syndrome ☐ Mumps
☐ Hypertension ☐ Rubella ☐ Mononucleosis ☐ Hepatitis Type _____

Allergies:

Medicines: _____ Aspirin Yes ☐ No ☐ Penicillin Yes ☐ No ☐

Food: _____ Insects: _____ Other: _____

Seizures: ☐ Yes ☐ No Type and Frequency: _____ Date of Last Seizure: _____

Medications: (Please PRINT. Attach another sheet, if necessary.)

Medication _____ Dosage _____ Frequency _____

Recommendations/Restrictions (ex: activity restrictions): _____

Medically prescribed meal plan or dietary restrictions: _____

IMMUNIZATION HISTORY: (If Not Known, Write "NK") Record the month/year of immunization and most recent booster.

Polio	MMR	Hepatitis	Pneumococcal	DTaP
<input type="checkbox"/> 2-4 months	<input type="checkbox"/> 12-15 months	<input type="checkbox"/> Hep A	Date: _____	Date: _____
<input type="checkbox"/> 15 months	<input type="checkbox"/> 11-12 years	Date: _____	Date: _____	
<input type="checkbox"/> 5 years	<input type="checkbox"/> other	Date: _____	Date: _____	Chicken Pox
<input type="checkbox"/> Other	Date: _____	<input type="checkbox"/> Hep B		Date: _____
Date: _____		Date: _____	Tetanus <input type="checkbox"/> Adult	
		Date: _____	Date: _____	Meningococcal Meningitis
		Date: _____		Date: _____

The following OTC medications are commonly stocked at camp and are used on an "as needed" basis to manage illness and injury.

Cross out those items the camper should NOT be given.

Tylenol	Aloe Vera/Bactine	Pepto Bismol	Dextromethorphan	Antibiotic Ointment
Ibuprofen	Coricidin	Immodium	Laxative/Prune Juice	Ophthalmic Saline
Benadryl	Anti-nausea	Burn Cream/Calamine	Hydrocortisone Cream	Hydrogen Peroxide

Licensed Physician's Signature: _____ Date of Form Completion: _____

Print Name of Physician: _____ Phone Number: _____

Physician's Office Address: _____