

Last Name

First Name

Birth Date

Upload to your camp account.

**OR Email:**

forms@campdoragolding.com

**OR Mail:**

5515 New Utrecht Ave.

Brooklyn, NY 11219



# Camp Dora Medical Form —Physician’s Page

## Immunizations:

Immunization Type	Date Basic Series Completed	Most Recent Booster
DTaP / TDaP		
Tetanus		
MMR		
IPV		
HIB		
PCV		
Hepatitis B		
Hepatitis A		
Varicella		
Meningococcal		
H1N1		
Flu Shot		

If any of the immunizations above have not been received, please explain why:

## Physical Exam:

Height

Weight

Pulse

Blood Pressure

Hct/Hgb. Test

Urinalysis

Eyes	
Glasses	
Ears	
Nose	
Throat	
Heart	
Neuro	

Lungs	
Abdomen	
Genitalia	
Hernia	
Extremities	
Posture (Spine)	
Skin	

General Appraisal:

Medications:

Allergies:

Recommendations:

I have examined the above patient. Date Examined: \_\_\_\_\_ Imy opinion her condition ☐ **does** / ☐ **does not** allow participation in an active camp program.

Exceptions: \_\_\_\_\_

Physician’s Name: \_\_\_\_\_ Physician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: ( \_\_\_\_ ) \_\_\_\_\_ — \_\_\_\_\_