

Church of God, a Worldwide Association, Inc.

Camp Physical/Restrictions

(Enter year)

A physical exam by a medical professional (doctor or nurse) is required of each camper and staff member who attends our camps. **The exam must be done within 12 months of the beginning of camp.** Please have your doctor or nurse fill in this form.

Name of Applicant/Participant: _____ Exam Date: _____

Date of Birth: _____ Height: _____ Weight: _____ BP: _____

It is my opinion that this applicant ☐ is ☐ is not healthy enough to participate fully in camp.
(check one)

If not, what accommodations/restrictions should be made if the applicant is accepted? _____

What current treatment (at the time of this exam) is this person receiving and what is the reason for any such treatment? _____

Any current medications being taken: _____

Any known allergies: _____

Any ongoing treatment that needs to be done at camp: _____

Any medications that need to be administered at camp: _____

What other instructions do you feel should be passed along to the medical staff at camp? _____

Signature of Medical Professional: _____ Printed Name: _____

Address: _____ Title: _____

Phone Number: _____