

**Church of God, a Worldwide Association, Inc.**  
**2024 Camp Physical/Restrictions**

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: \_\_\_\_\_