



Antiochian Orthodox Christian Archdiocese

Camping Ministry

<https://antiochianyouth.org/camping/>

Please make a copy of this form to keep on file for your own reference.

Check your camp website for the deadline to return this form and any possible late fees.

Medical Exam Form for Summer Camp

A medical exam is required within 12 months of the camping session. If an exam was already done within this time period, your physician may be willing to fill out the form without an additional examination. This form must be completed and signed by an approved licensed medical personnel. *You may submit a separate Medical Exam/Summary Report from an approved licensed medical personnel in place of this form if it covers contained information.*

Attendee Name _____ Date of Birth _____ Session of Camp attending _____

HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PERSONNEL

I examined this individual on _____ BP : _____ Weight: _____ Height: _____

Conditions List conditions for which the above participant is receiving treatment None

Restrictions List activity restrictions None

Immunization History Please attach a copy of the patient's immunization records or complete page 2 of this form.

Diet/Nutrition List dietary restrictions Eats a regular diet

Allergies List all allergies & reactions No known allergies

Treatments / Medications List treatments/medications to be continued at camp (include name, dose, frequency) None

Additional information for health care staff at the camp: _____

In my opinion, the above applicant is is not able to participate in an active camp program.

Signature of Licensed Medical Personnel: _____

Printed Name: _____ Date: _____ Phone: _____

Address: _____ Fax: _____



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Attendee Name _____ Date of Birth _____ Session of Camp attending _____

Immunization History:** Provide the month and year for each immunization. Starred (*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						
Coronavirus (SARS-CoV-2)						

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

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