



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

YMCA Camp Takodah  
**PHYSICAL EXAMINATION FORM**

Parent / Guardian Section

Camper Name: \_\_\_\_\_ Circle:    Male    Female  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Medical Personnel Section

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

**Allergies**

- No Known Allergies
- To foods (list):
- To medications (list):
- To the environment (list):

Describe previous reaction:

**Diet & Nutrition**

- No Known Allergies
- Has a medically prescribed meal plan or dietary restrictions (describe):

**Is the camper undergoing any treatment/therapies at this time that will need to be continued at camp?**

- No
- Yes (describe):

**Will the camper take any prescribed medication(s) at camp?**

- No
- Yes – Please sign the Medicine Confirmation Form generated by CampDoc.com

**Will the camper need to carry a Epi-Pen or Rescue Inhaler on their person at camp?**

- No
- Yes – Please sign the Epi-Pen and Rescue Inhaler Form generated by CampDoc.com

**Is the camper fully immunized?**

- No – The parent/guardian will need to submit a notarized religious exemption form
- Yes – Please provide a copy of the current immunization record to the parent/guardian

**Do you feel the camper will require limitations or restrictions to activities at camp?**

- No
- Yes (describe – attached additional information if needed):

*I have examined the camper and discussed the camp program with the camper's parent/guardian. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above).*

Medical Provider Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_