



RETURN THIS COMPLETED FORM WITH THE PACKET BY JUNE 1ST.

Delaware Burn Camp Physical Exam Form

Part A To be completed by Parent/Guardian

Camper's Name _____ Address _____

Does child have any Allergies, including medicine? Yes ___ No ___

If yes, please list: _____

Does child have: Asthma Yes ___ No ___

Seizures Yes ___ No ___

Glasses Yes ___ No ___ (If yes, please send extra pair, if possible)

Dentures Yes ___ No ___

Hearing Aid Yes ___ No ___

Does child take medication? Yes ___ No ___ If yes, please complete medication authorization.

Please include any other information that may be necessary for camp personnel:

Part B Physician Report (To be completed by physician)

Condition of: Cardiac _____ DPT shot ___ Date _____

Pulmonary _____ Polio shot ___ Date _____

EENT _____ General Health _____

Dental _____ _____

Can child participate in full camping activities? This may include, but not limited to, swimming, rowing, jumping, pulling, lifting and other forms of physical fitness. Yes ___ No ___

If No, please describe physical limitations:

Please describe burn site locations, severity and healing status: _____

Physician signature: _____ Date: _____