

The Vineyard

Health Form - Part B (Doctor's Form), 2010 Season

RETURN TO:
 The Vineyard
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 USA
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Please have your family physician fill out this form.
 An examination is required annually for camp registration.
 Immunizations **MUST** be current.

Please check sessions(s) of attendance: A B C D E F G H I J K L M

Camper/Staff name: _____

Birth Date: _____

IMMUNIZATION HISTORY

Please record the date (MONTH and YEAR) of basic immunizations and most recent booster doses:

Vaccines	Month / Year of Basic Immunization	Month / Year of Last Booster
Diphtheria) Pertussis (Whooping)) Tetanus)	1) 2) 3)	1) 2)
or		
Tetanus) Diphtheria) or)		
Tetanus) Oral Polio (Sabin) * TOPV) Injectable Polio (Salk))		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given	(most recent)	

Health Examination by Licensed Physician:

I have examined the above camp applicant.

(Signature) _____

Date Examined: _____

In my opinion, the above's condition does _____ / does not _____ preclude his/her participation in an active camp program.

The applicant is under the care of a physician for the following condition(s):

Current treatment (include current medications):

Explanation of any reported loss of consciousness, convulsion, or concussion:

Does applicant have epilepsy? Yes _____ / No _____ | Does applicant have diabetes? Yes _____ / No _____

Recommendations and restrictions while at camp:

Any treatment to be continued at camp:

1. Any medication to be administered at camp (specific dosages):

Medication must be brought in original containers

2. Any medically prescribed meal plan or dietary restrictions:

Any allergies (food, drugs, plants & insects, etc.):

LICENSED PHYSICIAN SIGNATURE: _____

DATE: _____

ADDRESS: _____

Street & Number, City, State, Zip Code, Country, Phone

