



## CAMPER DOCTOR FORM

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M F

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To be filled out by your Doctor:

Date of most recent exam: \_\_\_\_\_ (must be within two years)

Able to participate in all camp activities without restrictions.

Able to participate in all camp activities with these restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments/Current Health Problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunization History: list the date received

DTap/TDap: \_\_\_\_\_ Tetanus: \_\_\_\_\_ Polio: \_\_\_\_\_

MMR: \_\_\_\_\_ Hepatitis B (if born on/after 1-01-93): \_\_\_\_\_

Tuberculin test if given: \_\_\_\_\_ Positive/Negative

Doctor/Providers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor/Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: According to New Hampshire Regulation Wnv-Wq907.09, every participant at camp shall furnish a health history and physical statement of health status written within two years of participation