

2019
 FAX TO: 978-630-9562

Mount Wachusett Community College Summer Camp Health Record

Campers Name: _____
 Date of Birth: _____ Sex: _____
 Parent/Guardian: _____
 Relationship: _____
 Address: _____
 Phone Number: _____
 Emergency day-time number: _____
 Campers Medical Insurance: _____
 Name of policy holder: _____

Campers Address: _____
 Parent/Guardian: _____
 Relationship: _____
 Address: _____
 Phone Number: _____
 Emergency day-time number: _____
 Policy Number: _____

IMMUNIZATIONS	Date	IMMUNIZATIONS	Date	IMMUNIZATIONS	Date	SPECIAL TEST	
DTP (Diphtheria Tetanus Pertussis)		Polio Oral Trivalent (TOPV) at least 4 doses		MMR (combined)		TUBERCULIN TEST	
				TETANUS TOXOID		Results	Date
				OTHER Immunizations			
Td Tetanus Diphtheria Adult Type		MEASLES				LEAD TEST	
		MUMPS					
		RUBELLA					

MEDICAL HISTORY (give dates)

Accidents	Ear Infections	Measles	Scarlet Fever
Allergy	Encephalitis	Meningitis	Strep Throat
Chicken Pox	Rubella	Mumps	Tonsillitis
Congenital Anomaly	Heart Disease	Operations	Tuberculosis
Convulsions	Hernia	Poliomyelitis	Whooping Cough
Diabetes	Kidney Disease	Rheumatic Fever	Other

PERTINENT FAMILY MEDICAL HISTORY

SUMMARY OF SIGNIFICANT TREATMENT PROGRAMS INCLUDING CURRENT MEDICATIONS AND ALLERGIES, AND SUGGESTIONS FOR PROGRAM ADJUSTMENT IF INDICATED.

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PRIVATE PHYSICIAN'S EXAMINATION (within past 24 months)

In order to ensure a quality standard of complete examination for each camper, please record your findings after each item.

	(O) normal	(X) abnormal	
DATE:	Comment		Treatment
Age: _____ BP: _____/_____	Pulse: _____	Hgt.: _____	Wgt.: _____
Physical Development: _____			
Nutritional Status: _____			
Skin: _____			
Eyes: _____	Sclera: _____	Pupil: _____	
	Light & distance: _____	r: _____	l: _____
	Glasses: _____		
Ears: _____	Canals: r: _____	l: _____	
	Drums: r: _____	l: _____	
Nose: _____	Septum: _____	Turbinates: _____	
Mouth: _____	Lips: _____	Tongue: _____	Pharynx: _____
Teeth: _____	Gingiva: _____		
Neck: _____	Mobility: _____	Lymph nodes: _____	Thyroid: _____
Throat: _____	Shape: _____	Symmetry: _____	
Lungs: _____			
Heart: _____	Rate: _____	Rhythm: _____	Murmur: _____
Abdomen: _____	Liver: _____	Spleen: _____	
	Hernias: _____		
Ano-Genital: _____	Anus: _____	Penis: _____	Labia: _____
	Testicles: r: _____	l: _____	
	Tanner stage: _____		
Spine: _____			
Lower Extremities: _____		Range of motion: _____	
	Development: _____	Strength: _____	
Upper Extremities: _____		Range of motion: _____	
	Development: _____	Strength: _____	
Cranial Nerve: _____		I-XII: _____	
Gait: _____			
Coordination: _____			

Having examined the above camper enrollee, I find him/her medically and physically able to participate in the Mount Wachusett Community College Summer Camp/Sport program.

Physicians Name (printed) _____

Physicians Signature _____

Date: _____

Physicians Address: _____
