



PHYSICIAN EXAMINATION FORM – 2024

For All Staff – Required every 5 years (completion by endocrinologist preferred)

Due at camp by April 1, 2024

Name _____ Birthdate _____ Gender _____ Age _____

(Last)

(First)

(MI)

Date of Last Exam _____ (must be within the past 12 months)

Height _____ cm / in

Weight _____ kg / lb

Blood Pressure _____

Other pertinent physical findings _____

Allergies _____

Other Medical Problems (such as Epilepsy) _____

Any other Medications (specify dosages to be continued at Camp) _____

For those with diabetes:

Date of Last HbA1c _____ Result _____

History of DKA, Nocturnal Hypoglycemia, Hypoglycemia Requiring Glucagon or IV Glucose (Please include dates):

Do you know of any physical or emotional disability which might create a problem or require special accommodation for him/her being a staff member at camp?

Details: _____

Licensed Provider's Signature _____

Date of Completion: _____ By: _____ (if completed by nurse/asst.)

Please print the following:

Name of Licensed Provider _____ Telephone: _____

Address: _____

City, State, ZIP: _____