

Please submit this form along with the camp application.

Summer Camp Health Examination Form

Dear Doctor,

Your patient with diabetes is planning to attend Camp Hopewell Summer Camp for Children and Youth with Diabetes. This is a specialty camp for children with diabetes that is overseen by a board certified endocrinologist and registered nurses trained in diabetes care. We are asking you to assure us that your patient has no other diseases or contagion that would prohibit him/her from participating in a residential camp. Thank you.

Camper Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Gender: _____ Age: _____ Ht. _____ Wt: _____

List all food and drug allergies:

Other medical conditions:

Are there any restrictions needed during camp for Medical Reasons?

Are immunizations current? Tetanus	Yes _____	No _____	Booster date _____
Polio	Yes _____	No _____	Booster date _____
Hepatitis B	Yes _____	No _____	Booster date _____

Has camper been exposed to anyone with tuberculosis during the past year? _____

Frequently at camp, it is necessary to alter the diet and insulin dosages because of the difference between camp and home conditions. You will be notified of such changes after the close of camp and the camper will be instructed to return to his original home diet and insulin schedule at the end of camp.

I hereby certify that I have examined the above camper and find him or her free of any contagious disease. He or She is in good physical condition and able to conform to the routine of camp, except as mentioned above.

Signature of Physician: _____ Date: _____
Physician Name: (please print) _____
Physician Address: _____ Phone: _____

Updated 1/2005