

Summer @ BB&N: Physician Health Form

All campers must provide documentation of an annual physical examination within twelve months preceding the opening of camp. This form is to be completed by a licensed provider prior to attendance at camp and is to be uploaded onto the camper's Dashboard.

Camper's First Name: _____ Camper's Last Name: _____
 Date of Birth: _____ Parent's Full Name: _____

IMMUNIZATION HISTORY

VACCINE	Dose 1 Date	Dose 2 Date	Dose 3 Date	Dose 4 Date	Dose 5 Date	Recent
Diphtheria, Tetanus, Pertussis (DTaP)						
Tetanus Booster (dT or TdaP)						
Measles, Mumps, Rubella (MMR)						
Polio (IPV)						
Hepatitis B						
Varicella						
Meningococcal Meningitis (MCV4)						
Haemophilus influenzae type B (Hib)						

PHYSICAL EXAMINATION

Height: _____ Weight: _____ Pulse: _____ Respiration: _____ Blood Pressure: _____
 Allergies: _____
 Medical Concerns/History: _____
 Medications: _____

Please indicate "Normal" or "Abnormal" under "Finding" and indicate the concern if there is an abnormal finding.

SYSTEM	Finding	Diagnosis/Concern
General appearance		
Skin		
Eyes/Vision		
Ears/Hearing		
Nose		
Mouth/Teeth		
Cardiovascular		
Lungs		
Abdomen		
Genitourinary		
Musculoskeletal		
Neurologic		
Development		
Other		

RECOMMENDATIONS WHILE AT CAMP

Does the camper have any activity restrictions? YES NO

Describe: _____

Does the camper have any dietary restrictions? YES NO

Describe: _____

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Will the camper be receiving medications while at camp (Prescriptions or OTC): YES NO

(Any prescription medication that is taken at camp must be provided with a doctor's order)

*If the child requires rescue medication for allergies, asthma, or seizures, action plans and doctor's orders are required

Over the counter drugs approved by parents/providers (please circle):

Ibuprofen/Advil/Motrin	YES	NO
Acetaminophen/Tylenol	YES	NO
Antihistamine/Benadryl	YES	NO
Cough Drops	YES	NO
Antimicrobial Cream/Neosporin	YES	NO
Calamine (anti-itch cream)	YES	NO

VALIDATION OF EXAMINATION

This child may fully participate in an active camp program with the notes restrictions.

Licensed Provider (printed): _____

Address: _____ City: _____ State/Zip: _____

Telephone: _____ Email: _____

Licensed Provider Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

REQUIRED IMMUNIZATIONS FOR CAMP ATTENDANCE

For children younger than age 5:

- DTaP- 4 doses
- Polio/IPV- 3 doses
- Hepatitis B- 3 doses or evidence of immunity
- Hib- 1-4 doses
- MMR- 1 dose (given on or after 1st birthday) or evidence of immunity
- Varicella- 1 dose (given on or after 1st birthday) or evidence of immunity

For children older than age 5 and younger than age 12

- DTaP- 5 doses (4 are only acceptable if the 4th dose was given on or after 4th birthday)
- Polio/IPV- 4 doses (3 are acceptable if the 3rd dose was given on or after 4th birthday)
- Hepatitis B- 3 doses
- MMR- 2 doses or evidence of immunity
- Varicella- 2 doses or evidence of immunity (disease)

For children age 12 and older

- TDaP- booster
- Polio/IPV- 4 doses (3 are acceptable if the 3rd dose was given on or after 4th birthday)
- Hepatitis B- 3 doses
- MMR- 2 doses or evidence of immunity
- Varicella- 2 doses or evidence of immunity (disease)

*For further information on vaccines, please see the Massachusetts State Regulations for immunizations at <https://www.mass.gov/files/documents/2018/03/12/guidelines-ma-school-requirements.pdf>