

Salem Covenant Day Camp, 215 East Mountain Street, Worcester MA, 01606

Form to be filled out by Physician

Name of Camper _____

Date of Birth _____

Previous Diseases and Operations

Immunizations (give dates completed)

Small Pox _____ Results _____

Re-vaccination _____ Results _____

DPT _____ Booster _____ Booster _____

D&T _____ Booster _____

Polio _____ Measles _____

Mumps _____ Rubella _____

Physical Examination

Height _____ Weight _____

Nutrition _____

General body type (describe as tall and thin, short and heavy, etc) _____

Posture (remark on presence of absence of scoliosis and lordosis, and describe scoliosis as functional or organic) _____

Skin _____

Pilonidal sinus? _____

Eyes _____

Ears _____

Nose _____

Mouth _____

****Laboratory Tests**

Date	Test	Result
_____	Tuberculin	_____
_____	Chest X-ray	_____
_____	Hemoglobin	_____

**If deemed necessary by examiner

Teeth _____

Pharynx _____

Thyroid _____

Lymph Glands _____

Lungs _____

Heart _____

**Blood Pressure _____

**Pulse rate at rest _____ after exercise _____

2 minutes after exercise _____

Abdomen _____

Hernia? _____

Genitalia _____

Skeleton _____

Feet _____

Reflexes _____

Urinalysis _____ Date _____

Specific Gravity _____

Albumin _____

Sugar _____

Microscopic _____

**If deemed necessary by examiner

Is this child capable of carrying a full camp program of work including gymnastics and athletics? Y N

Must the program be modified to meet the needs of this child? Y N

Modify due to restriction of use of stairs? Y N

Modify due to special seating accommodations? Y N

Remarks

Signature of Physician _____ Name of Physician _____ Date _____

This camp must comply with the regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.