



Health Care Recommendations by Licensed Medical Personnel

Physical examination must be done after September 2009 to be current.

If last exam was before September 2009, do not complete until participant has a new exam.

Licensed Medical Personnel must complete the following:

Camper's Name _____ Date of last examination _____

BP _____ Weight _____ Height _____

Which of the following has the participant had?

Measles Chicken Pox German Measles Mumps Hepatitis

TB Mantoux Test

Date of last test _____ Result: Positive Negative

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware.

In my opinion, the above applicant ____ is ____ is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:

Current treatment at the time of this report includes:

Recommendations and Restrictions at camp

Treatment to be continued at camp

Medications to be administered at camp (name, dosage, frequency)

Any medically-prescribed meal plan or dietary restrictions

Known allergies

Description of any limitation or restriction on camp activities

Additional information for health care staff at the camp

Please attach a copy of the child's immunization records with this completed form.

Signature of Licensed Medical Personnel _____

Printed _____ Title _____

Address _____

Phone _____ Date _____

Return this form by May 18 to:

Merage JCC/CAMP YOFI

1 Federation Way, Suite 200 Irvine, CA 92603

FAX: 949-435-3401

