

PHYSICIAN HEALTH FORM



This form can be completed and submitted online through your family profile page at bostonjcc.org/family-profile or returned to JCC Camping Services, 333 Nahanton Street, Newton, MA 02459.

Your physician may have their own form. This can be submitted in lieu of this one. The examination must be performed within 12 months of the individual's participation.

Please complete both sides and only one form per camper.

Please check all applicable camps:

- Camp Grossman**
617.244.5124 or grossman@jccgb.org
- Camp Kingswood**
617.558.6527 or info@kingswood.org
- Camp Kaleidoscope**
617.558.6523 or kaleidoscope@jccgb.org
- Camp Thrive**
617.558.6456 or campthrive@jccgb.org

CAMPER/STAFF MEMBER NAME

Date of birth / / Gender
mm / dd / yyyy

IMMUNIZATION HISTORY (please provide approximate dates)

DTP Series Booster	Tetanus Booster	Polio
OPV (Sabin) Booster	Typhoid	Measles Vaccine (live)
Tuberculin Test	German Measles (live)	Mumps (live)
Smallpox	Chicken Pox	Pneumococcal (PVC)
Haemophilus Influenzae Type B (HIB)		Other
Hepatitis A	Hepatitis B	
Meningococcal Meningitis (MCV4)		

Code

S – Satisfactory X – unsatisfactory (please explain) O – not examined

Height	Weight	B.P.	Hgb Test	Urinalysis
Eyes	Extremities	Glasses	Posture	Ears
Skin	Nose	Allergies (please specify)		
Throat	Teeth	Heart	Lungs	Abdomen
Hernia				
Other				

Medications Taken Regularly During the School Year

Medications to be Taken While at Camp (name, dosage and instructions)

FOR OFFICE USE:
 Child ID # _____
 Bunk # _____

continued on reverse side

Recommendations and Restrictions While at Camp

Special Diet

Swimming

Strenuous Activity

Does this individual receive any behavioral health and/or special needs services (privately or at home)? Please describe.

Other

PHYSICIAN'S AUTHORIZATION

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically capable of engaging in physical activities, except as noted above.

Examining physician signature

Print name

Date

Address

Phone
