JCC of Greater Boston Camping Services

PHYSICIAN HEALTH FORM

PLEASE COMPLETE BOTH SIDES AND RETURN TO:
JCC Camping Services, 333 Nahanton Street, Newton, MA 02459

This examination must be performed within 12 months of the individual’s participation. Examination for some other purpose is acceptable.

Examination is for determining fitness level to engage in strenuous activities.

Please note that physicians may provide parents/guardians with their own health form in lieu of filling out the questions below.

PLEASE COMPLETE ONE FORM PER CAMPER.

Please check all applicable camps:

☐ Camp Grossman
   617-244-5124 or grossman@jccgb.org

☐ Camp Kaleidoscope
   617-558-6523 or kaleidoscope@jccgb.org

☐ Camp Kingswood
   617-558-6531 or info@kingswood.org

☐ Specialty Camps
   617-558-6456 or specialtycamps@jccgb.org

CAMPER/STAFF MEMBER NAME

Date of birth   /   / Sex ☐ M ☐ F

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)

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 noted above.

Examining physician signature

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