

This section is not required for girls attending Troop Adventure Camp,
Day Camp and one-day/overnight program activities.
This section needs to be filled out for campers attending resident (overnight) camp only.

Section E—Physical Examination by Licensed Physician

Camper Name: _____

Date of Birth: _____

Physical Examination

Code: ✓ **Satisfactory** x **Not satisfactory** 0 **Not examined**

Date Examined: _____ Height: _____ Weight: _____ Blood Pressure: _____

General physical and emotional status: _____

Eyes: _____ Teeth: _____ Lungs: _____ Menstrual History: _____

Ears: _____ Heart: _____ Abdomen: _____ Musculoskeletal: _____

Nose: _____ Throat: _____ Skin: _____ Genitalia: _____

Urinalysis¹: _____ HBG: _____ Hernia _____

Allergies (please specify): _____

Other conditions (please specify): _____

Health Recommendations while at Camp

In my opinion, the above condition does doesn't preclude her participation in an active camp program. Comments: _____

List any restrictions: _____

The applicant is under the care of a physician for the following condition(s): _____

Please describe any treatment to be continued at camp: _____

Please list any prescription medication to be continued at camp:

Medication	Dosage	Time Schedule
_____	_____	_____
_____	_____	_____
_____	_____	_____

Licensed Physician's Signature: _____ **Date:** _____

Please Print

Physician: _____ Phone: (____) _____

Address: _____ City: _____ State _____ Zip _____

By*: _____ Date: _____

*Initial if completed by nurse or physician's assistant.

¹ Not required for every health exam. Girls ages 5–12 should have this test if they have not already had it. Girls ages 13–18 should have this test if they have not had it since puberty.