

Camp Participation Physical

Name: _____ DOB: ____ / ____ / ____ Allergies: _____

Camper lives with: Type 1 Diabetes Type 2 Diabetes Not Living with Diabetes

	Yes	No	Explain
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Medical restrictions to participate _____

Height	Weight	BMI	Blood Pressure	Pulse

Exam

	WNL	Abnormal findings		WNL	Abnormal findings
Eyes:					
ENT:			Musculoskeletal:		
Lungs:			Neuro		
Heart:			Skin		
Abdomen:			Other		

Examiner's Certification:

- I certify that I have reviewed the health history and examined this person and find no contraindications for participation in diabetes summer camp with the following restrictions:
Restrictions: _____
- I certify that I have reviewed the health history and examined this person and find no contraindications for participation in diabetes summer camp.

This participant:

True	False	
		Has no uncontrolled heart disease, lung disease or hypertension.
		Has no uncontrolled psychiatric disorders.
		Has no uncontrolled seizure disorders.

Examiner's signature: _____ Date: _____
 Examiner's printed name: _____
 Address: _____
 City: _____ State: _____ ZIP code: _____
 Phone: _____ Fax: _____

May apply stamp or label for office information.

Additional notes from examiner: