



Camp Participation Physical

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

Camper lives with: Type 1 Diabetes Type 2 Diabetes Not Living with Diabetes
Yes No Explain

Medical restrictions to participate _____

Height	Weight	BMI	Blood Pressure	Pulse
_____	_____	_____	_____	_____

Exam

	WNL	Abnormal findings		WNL	Abnormal findings
Eyes:	<input type="checkbox"/>	_____			
ENT:	<input type="checkbox"/>	_____	Musculoskeletal:	<input type="checkbox"/>	_____
Lungs:	<input type="checkbox"/>	_____	Neuro	<input type="checkbox"/>	_____
Heart:	<input type="checkbox"/>	_____	Skin	<input type="checkbox"/>	_____
Abdomen:	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>	_____

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	
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	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: