



# Camp Lions of Illinois Physical Exam and Physicians Statement

Entire form to be completed by examining physician. (No substitute forms accepted.)

Must attach to application when submitted.

**Exam information must be within one year of Camp dates that Camper will be attending.**

**(Ex: Camper attending camp August 3<sup>rd</sup>, 2021, camper's physical will be valid from August 3<sup>rd</sup>, 2020 through August 3<sup>rd</sup>, 2021)**

## Doctor, please print clearly and answer all questions.

Camper's Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

What is camper's primary disability? \_\_\_\_\_

Is camper under physicians care for any other condition(s)? Y\_\_\_ N\_\_\_

If yes, please list condition(s) \_\_\_\_\_

Current Treatment(s) \_\_\_\_\_

Is camper: Deaf \_\_\_ Hard of Hearing \_\_\_ Blind \_\_\_ Partially sighted \_\_\_

Does Camper wear a hearing aid/implant? Y\_\_\_ N\_\_\_

If yes, which ear(s)? L\_\_\_ R\_\_\_ Both ears \_\_\_

Does camper have any of the following conditions? Mark all applicable None Applicable \_\_\_\_\_

Cerebral Palsy Y\_\_\_ N\_\_\_ Epilepsy Y\_\_\_ N\_\_\_ Muscular Dystrophy Y\_\_\_ N\_\_\_ HIV/Aids Y\_\_\_ N\_\_\_

Behavior Disorders Y\_\_\_ N\_\_\_ Cognitive Disorders Y\_\_\_ N\_\_\_ ADD/ADHD Y\_\_\_ N\_\_\_ Hemophilia Y\_\_\_ N\_\_\_

Does the camper have Diabetes? Y\_\_\_ N\_\_\_ Range \_\_\_\_\_

On Insulin? Y\_\_\_ N\_\_\_ Type: Oral \_\_\_ Injection \_\_\_ Can camper self-inject medication if needed Y\_\_\_ N\_\_\_

Does camper have Hepatitis? Y\_\_\_ N\_\_\_ Type: \_\_\_\_\_

Does the camper have Asthma? Y\_\_\_ N\_\_\_ Uses an Inhaler? Y\_\_\_ N\_\_\_ What Type? \_\_\_\_\_

Should inhaler remain with camper? Y\_\_\_ N\_\_\_ Should inhaler remain in nurse's office? Y\_\_\_ N\_\_\_

Does the camper wear false teeth? Y\_\_\_ N\_\_\_ Does the camper use prosthesis or brace? Y\_\_\_ N\_\_\_

Any medically prescribed meal plan or diet restrictions? \_\_\_\_\_

Any allergies (food, drugs, plants insects, etc.)? \_\_\_\_\_

Treatment needed to counteract \_\_\_\_\_

Any activities camper cannot participate in? \_\_\_\_\_

## **Immunizations – Mandatory by state guidelines:**

Attach current immunization record with the date (month and year) of basic immunization and any recent boosters.

Tetanus shot/booster for camper must have been administered within the last 10 (ten) years.

Date administered \_\_\_\_\_ .

**Doctor, please complete in full or application for Camp Lions will be denied.**

## **Physicians Statement:**

**I have examined the above Camp Lions applicant. In my opinion, the examined applicant is \_\_\_\_\_ or is not \_\_\_\_\_ medically fit to participate in a rustic camp program.**

Examining physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Examining Physicians' signature: \_\_\_\_\_ Date: \_\_\_\_\_