



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 3rd, 2022, camper's physical will be valid from August 3rd, 2021 through August 3rd, 2022)

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: _____