



Physician's Examination Form

This examination must be performed within 12 month of arrival at camp. Examination for some other purpose (school, sports) within this period is acceptable.

Patient: Last _____ First _____

Address _____ City _____ State _____ Zip _____

Codes: V - Satisfactory, X - Not Satisfactory, O - Not Examined

Height: _____ Weight: _____ Heart: _____ BP: _____ Hct/Hgb Test: _____ Urinalysis: _____

Eyes: _____ Ears: _____ Nose: _____ Throat: _____ Lungs: _____ Glasses: _____

Posture: _____ Genitalia: _____ Posture: _____ Abdomen: _____ Extremities: _____ Hernia: _____

Skin: _____ Date of last tetanus shot: _____ Lice Check _____ General Health: _____

Allergy (Please specify): _____

Is this person up to date on all routine childhood immunizations (Yes/No)? _____

Recommendations and Restrictions while at camp

Special Diet: _____ Strenuous Activity: _____

Current Medications: Prescription _____ OTC: _____

I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

Examining Physician: _____ Telephone: _____

Date: _____ Address: _____

You may submit a recent (within the last 12 months) Physical Examination form from your doctor's office.

Mail completed form no later than August 1, 2021 to:

Circle Camps

3223 Embry Circle, Atlanta, GA 30341-4316