



Adventures in History

ATWOOD MUSEUM SUMMER KIDS PROGRAM

Form #3

Physicians Medical Form

This Form is to be filled out by licensed physician. * You may substitute a different form supplied by your physician (must include immunization history).**

Examination must be within 24 months of the child's arrival at camp.

Date of examination: _____

Immunization history: Please record the date (month and year) of basic immunizations and most recent booster doses

Vaccines	Date of Basic Immunization	Date of last booster
Diphtheria	1.	1.
Pertussis (Whooping Cough) DTP *	2.	2.
Tetanus OR	3.	3.
Tetanus TD*		
Diphtheria OR		
Tetanus (it is suggested that this be within the last 10 years)		
Oral Polio (Sabin) * TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German Measles, 3-day measles)		
Other		

Tuberculin Test Given _____ (most recent) _____ results _____
 Code: V- Satisfactory X - Not Satisfactory (explain) O - Not examine

Height _____	Weight _____	B.P. _____
Eyes _____	Lungs _____	Allergies (Please specify) _____
Glasses _____	Abdomen _____	_____
Ears _____	Hernia _____	_____
Nose _____	Extremities _____	_____
Throat _____	Posture _____	General Appraisal _____
Heart _____	Skin _____	_____
Genitalia _____		_____

For girls: Has girl menstruated? _____ If not, has she been told about it? _____

If yes, is her menstrual history normal? _____

Recommendations or restrictions:

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

Examining Physician _____ Date _____

Address _____ Phone _____