



**DUE MAY 14, 2010**

**CAMP POW WOW 2010**

**Camp Pow Wow Health Examination Form**

Annual Physical Exam is required to attend Camp per WI State Statute.

**Parent/Guardian Section:**

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Health Insurance Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

**In the event of a medical emergency, when it is not possible to contact the parent or guardian, I grant the Association for the Rights of Citizens with handicaps (ARCh) to contact appropriate medical personnel and authorize medical service or emergency treatment to the camper named above.**

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Legal Guardian)

**The remainder of this form must be completed by a licensed medical physician, PA or RN**

**To be filled out by Health Care Professional:**

Examined on: \_\_\_\_\_ Medical Diagnosis: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BP: \_\_\_\_\_

**Is the following normal? (yes or no) If no, explain:**

- |                  |                         |
|------------------|-------------------------|
| 1. Ears: _____   | 8. Lungs: _____         |
| 2. Nose: _____   | 9. Extremities: _____   |
| 3. Throat: _____ | 10. Glands: _____       |
| 4. Skin: _____   | 11. Abdomen: _____      |
| 5. Eyes: _____   | 12. Varicosities: _____ |
| 6. Scalp: _____  | 13. Genitalia: _____    |
| 7. Heart: _____  | 15. Neurological: _____ |

**Is there a history of... (Yes or No). If yes, explain:**

- |                              |  |
|------------------------------|--|
| 1. Asthma: _____             | 9. Stomach Disorder: _____                         |
| 2. Hernia: _____             | 10. Heart Disease: _____                           |
| 3. Enuresis: _____           | 11. Frequent Colds: _____                          |
| 4. Recent Fevers: _____      | 12. Hay Fever: _____                               |
| 5. Recent weight loss: _____ | 13. Hepatitis: _____                               |
| 6. Kidney Disease: _____     | 14. Other Bodily fluid precautions, specify: _____ |
| 7. Diabetes: _____           | _____  |
| 15. Other: _____             | _____  |

**Does this person have seizures or convulsions?** \_\_\_\_\_ Type: \_\_\_\_\_

Frequency: \_\_\_\_\_ Treatment: \_\_\_\_\_ Last Seizure: \_\_\_\_\_

**Does the camper have allergies, if yes, what type?** \_\_\_\_\_  
\_\_\_\_\_

