



CAMP POW WOW 2011
Camp Pow Wow Health Examination

DUE: April 29, 2011

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 Parent or 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: _____ | |

If yes to diabetes, please indicate frequency of blood glucose checks and any needed snacks according to blood sugar levels: _____

15. Other: _____

Does camper require G-tube feedings? _____ If yes, please indicate product, amount and frequency:

