CAMP SENECA LAKE: PHYSICAL EXAMINATION

TO BE FILLED OUT BY A LICENSED PHYSICIAN

1010 Niles Pond Road
Honesdale, PA 18431
(570) 253-3850
Fax (570) 253-7850

Name …… **Birth Date**……..**Age**……**Male/Female** (circle)
Last First Initial

Home Address……**Home Phone**……...
number & street city state zip code

Important Medical History: _____
_____
_____

Medication Allergies: _____
Other Allergies: _____

Contraindications to activities (i.e. swimming):_____
_____

Advise regarding patient: (Full activity, restricted activity, no heavy lifting, etc.) _____
_____

Immunization Record:

DTaP:	1._____	2. _____	3. _____	4. _____	5. _____
OPV/IPV:	1._____	2. _____	3. _____	4. _____	5. _____
Prevnar:	1._____	2. _____	3. _____	4. _____	5. _____
MMR:	1._____	2. _____	3. _____	4. _____	5. _____
HIB:	1._____	2. _____	3. _____	4. _____	5. _____
Hep B:	1._____	2. _____	3. _____	4. _____	5. _____
Varicella:	1._____	2. _____	3. _____	4. _____	5. _____
Meningitis:	1._____	2. _____	3. _____	4. _____	5. _____
Other:	1._____	2. _____	3. _____	4. _____	5. _____
Other:	1._____	2. _____	3. _____	4. _____	5. _____

PPD: (most recent) Date:_____ Result:_____

(Over)

ALL FORMS ARE DUE MAY 14th

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Name …… **Birth Date**……..**Age**……**Male/Female** (circle)
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PHYSICAL EXAMINATION:

Height: _____ Weight: _____
Heart Rate: _____ Blood Pressure: _____

	Satisfactory	**Unsatisfactory**
Posture	_____	_____
General Nutrition/Appearance	_____	_____
Skin	_____	_____
Head and Neck:		
Eyes	_____	_____
Ears	_____	_____
Nose	_____	_____
Throat	_____	_____
Teeth – general condition	_____	_____
Tonsils	_____	_____
Heart	_____	_____
Lungs	_____	_____
Abdomen		
Tenderness – Organs Palpable	_____	_____
Hernia	_____	_____
Extremities	_____	_____

Other comments regarding physical exam: _____
_____

Examining Physician: _____
Address: _____
Phone: _____
Date: _____

Physician's Signature_____

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