

Applicant's Name

Session

Birth Date

☐ Male ☐ Female

Physician's Examination

HEALTH FORM



This examination should be performed within 24 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height

Weight

Pulse

Blood Pressure

Hct/Hgb Test (if appropriate)

Urinalysis (if appropriate)

Please rate the following:

V – Satisfactory
X – Not satisfactory
O – Not examined

Eyes

☐

Ears

☐

Nose

☐

Throat

☐

Lungs

☐

Heart

☐

Abdomen

☐

Genitalia

☐

Hernia

☐

Extremities

☐

Posture

☐

Skin

☐

Neuro

☐

General Appraisal

Please address any concerns from above.

Medications

Please list any medications the applicant is currently taking.

Allergies

Please list any allergies the applicant may have.

Immunizations

Are immunizations up to date? ☐ Yes ☐ No

Current Medical Problems and Treatments

Use a second sheet if needed.

Recommendations

List restrictions on the applicant at camp.



Please return to:
Alpine Camp for Boys, Inc.
P.O. Box 297
Mentone, AL 35984

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.

I examined the applicant today ☐ Yes ☐ No

Name of Doctor

Signature

Date

Contact Information