



**HEALTH FORM for CAMP ELYON 2022**

**Fax Number- 845-414-0007**

**Email - campelyonoffice@gmail.com**

**This form must be completed before the start of camp. No child will be permitted to enter the campgrounds without this form.**

**Last Name of child being examined \_\_\_\_\_ First Name \_\_\_\_\_**

**Date of examination \_\_\_\_\_**

**Home telephone # \_\_\_\_\_ Work/Cell phone # \_\_\_\_\_**

**Emergency phone # \_\_\_\_\_**

**IMMUNIZATIONS:**

**Polio \_\_\_\_\_ Oral \_\_\_\_\_ Injectable \_\_\_\_\_ Varicella \_\_\_\_\_**

**DPT \_\_\_\_\_ HIB \_\_\_\_\_**

**MMR \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Tine Test (most recent) \_\_\_\_\_**

**Physical Growth: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_**

**If abnormal, please describe \_\_\_\_\_**

**Mental Growth: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_**

**If abnormal, please describe \_\_\_\_\_**

**Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_**

**ALLERGIES**

**Drugs \_\_\_\_\_**

**Insect \_\_\_\_\_**

**Food \_\_\_\_\_**

**Any conditions requiring special attention: \_\_\_\_\_**

**I hereby certify that there is nothing to preclude this child from a normal camp regimen.**

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Please print or type**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone #**