

# 2018 Kamp Kiwanis® Health Exam by a Physician



IT IS INSUFFICIENT TO ATTACH YOUR OWN HEALTH RECORD, THIS FORM MUST BE COMPLETED IN FULL IN ORDER TO ATTEND KAMP KIWANIS  
To be filled out by a Licensed Physician, Physician's Assistant or Nurse Practitioner representing the Licensed Physician  
**2018 MEDICAL EXAMINATION (DOCTOR TO COMPLETE):**

Name \_\_\_\_\_ Male/Female \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

BP \_\_\_\_\_ P \_\_\_\_\_ Vision R20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Ears \_\_\_\_\_ Throat \_\_\_\_\_ Teeth \_\_\_\_\_ Skin \_\_\_\_\_

Respiratory \_\_\_\_\_ Cardiovascular \_\_\_\_\_ Musculoskeletal \_\_\_\_\_ Neurological \_\_\_\_\_

Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Genitalia \_\_\_\_\_ Hernia \_\_\_\_\_ U/A \_\_\_\_\_ Asthma \_\_\_\_\_

The patient is under the care of a physician for the following condition(s): \_\_\_\_\_

Physical Exam completed today? YES/NO \_\_\_\_\_ If NO Date of last Physical Exam: \_\_\_\_\_

**INDIVIDUALIZED ORDERS:** The following non-prescription medications are used on an as needed basis to manage illness and injury.  
**Medical personnel: Cross out those items the camper should not be given.**

Acetaminophen	Sting Swabs
Aloe	Sudafed & Sudafed PE
Antacids	Sunburn Spray
Antihistamines	Sunscreen
Aspirin	Topical Antibiotic Cream
Auralgan (ear drops)	Topical Antipruritics
Calamine	
Chloraseptic Throat Spray	
Chlorpheniramine Maleate	
Cortaid	
Cough suppressants	
Dextromethorphan	
Dimetapp	
Guaifenesin (Robitussin any form)	
Ibuprofen	
Insect Repellent	
Laxatives for Constipation	
Lice Treatment	
Pepto-Bismol	
Scabies Cream	

**ALLERGIES AND DIET**

**ALLERGIES:**  No Known Allergies

To foods (**list**): \_\_\_\_\_

To Medications (**list**): \_\_\_\_\_

To the environment, (**insect stings to include bees, hay fever, etc. list**): \_\_\_\_\_

Other Allergies (**list**): \_\_\_\_\_

**DIET:**

Eats a regular diet

Has a medically prescribed meal plan or dietary restrictions (**list**): \_\_\_\_\_

**PRESCRIPTION MEDICATIONS AND TREATMENTS:** Please complete with Patient's current regimen for both scheduled and PRN medications to include peak flows, nebulizer treatments, blood draws/lab work, diabetic testing, insulin administration, dressing changes, via GT etc.; please use the back sheet for additional medications as need.  
**This person takes medication on a routine basis? YES/NO** \_\_\_\_\_

Name of Medication	Date Started	Reason for taking it	When is it given	Amount or dose given	How is it given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time		

**ANY LIMITATIONS ON ACTIVITY: YES / NO**  
Swimming \_\_\_\_\_ Hiking \_\_\_\_\_ Athletics \_\_\_\_\_ Canoeing \_\_\_\_\_ Biking \_\_\_\_\_ Other \_\_\_\_\_ Explain: \_\_\_\_\_

I certify that I have on this date examined the above named and that on the basis of my examination and medical history as furnished to me, I have found no reason which would make it medically inadvisable for the camper to participate in physically strenuous activities.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Date of Examination \_\_\_\_\_  
Please Print: Physician's Name \_\_\_\_\_ License # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Upload or Mail completed form to: Kamp Kiwanis, 9020 Kiwanis Rd, Taberg, NY 13471 or Fax to: (315) 336-3845 kamp@kampkiwanis.org, www.kampkiwanis.org  
Email missing pieces to: applications@kampkiwanis.org

Doctor: Please do not forget to provide to your patient with a current and up to date immunization record

**2018 Kamp Kiwanis®  
Health Exam by a Physician  
Additional Medications**

Name of Medication	Date Started	Reason for taking it	When is it given	Amount or dose given	How is it given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time		
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