



# HEALTH SCREENING FORM



Camper Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Age: \_\_\_\_\_

Lodge: \_\_\_\_\_

Med Allergies: \_\_\_\_\_

Food/Env Allergies: \_\_\_\_\_

**CHECK IN**

My camper does not have any electronic devices in their possession, including a cell phone.

Who will pick your child up from camp? \_\_\_\_\_ Relationship: \_\_\_\_\_

Backup: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL ASSESSMENT**

**NO MEDS**  
 **Reviewed camper application/ medication list with parent.**

**Is there a physical limitation to:**

Horseback riding?  Yes  No

Swimming?  Yes  No

Does your camper require bed rails?  Yes  No

Other Limitations/Information: \_\_\_\_\_

Medical Supplies  Yes  No

Comments: \_\_\_\_\_

Medical Procedures  Yes  No

Comments: \_\_\_\_\_

**CLINICAL EVALUATION (as applicable)**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ O2Sat: \_\_\_\_\_

In the past 14 days have you had:

1. Fever (100°F or greater)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Shortness of breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	Normal	Abnormal	Comments
HEENT			
Lungs and Chest			
Skin			
Heart			
Abdomen			
Musculoskeletal			
Other: _____			

	Negative	Positive	Describe Findings
Abuse Screening			
Pediculosis (Lice)			

**CHECK OUT**

Signature of child transporter: \_\_\_\_\_ (Attach copy of photo ID)