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.

Medical Supplies  ☐ Yes ☐ No

Comments: ___________________________________________

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 ASSESSMENT

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

Medical Supplies  ☐ Yes ☐ No

Comments: ___________________________________________

Is there a physical limitation to:

Horseback riding?  ☐ Yes ☐ No
Swimming?  ☐ Yes ☐ No
Does your camper require bed rails?  ☐ Yes ☐ No

Other Limitations/Information: ___________________________________________

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)?  ☐ Yes ☐ No
2. Shortness of breath?  ☐ Yes ☐ No
3. Cough?  ☐ Yes ☐ 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)  Rev 04/18