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: ____________________________________________________________

Comments: ________________________________________________________________

☐ Medical Supplies  ☐ Yes  ☐ No

Medical Supplies  Comments: ________________________________________________________________

Medical Procedures  ☐ Yes  ☐ No

Medical Procedures  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)? ☐ Yes  ☐ No
2. Shortness of breath? ☐ Yes  ☐ No
3. Cough? ☐ Yes  ☐ No

Normal  Abnormal  Comments

<table>
<thead>
<tr>
<th>HEENT</th>
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<tbody>
<tr>
<td>Lungs and Chest</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
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<tr>
<td>Heart</td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Musculoskeletal</td>
<td></td>
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<tr>
<td>Other: ________________</td>
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</table>

Normal  Positive  Describe Findings

<table>
<thead>
<tr>
<th>Abuse Screening</th>
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<tbody>
<tr>
<td>Pediculosis (Lice)</td>
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CHECK OUT

Signature of child transporter: ____________________________________________  (Attach copy of photo ID)  

Rev 04/18