



Massachusetts Junior Conservation Camp  
37 Pierce Street  
Northboro, MA 01532  
(508) 450-5120

**PHYSICAL EXAMINATION  
(TO BE FILLED IN BY PHYSICIAN)**

Camper last name: \_\_\_\_\_ Camper first name \_\_\_\_\_ Date \_\_\_\_\_

Skin \_\_\_\_\_ Teeth \_\_\_\_\_ Sinuses \_\_\_\_\_  
Eyes \_\_\_\_\_ Throat \_\_\_\_\_ Heart \_\_\_\_\_  
Ears \_\_\_\_\_ Nose \_\_\_\_\_ Lungs \_\_\_\_\_  
Athlete's Foot \_\_\_\_\_

Known exposure to contagious disease within past three weeks? If so, what and where? \_\_\_\_\_  
\_\_\_\_\_

Illnesses during the past year \_\_\_\_\_  
\_\_\_\_\_

List below any physical condition that the Camp Director or Nurse should know. This information will be kept confidential and used only for the welfare of the participant.

Present medical problems \_\_\_\_\_

Medicines taken regularly \_\_\_\_\_

Allergies \_\_\_\_\_

List any other concerns, medical or otherwise, that the staff should be aware of: \_\_\_\_\_  
\_\_\_\_\_

IMMUNIZATIONS:	MONTH	YEAR	TYPES OF IMMUNIZATION
1. Diphtheria	_____	_____	_____
2. Tetanus	_____	_____	_____
3. Pertussis	_____	_____	_____
4. Poliomyelitis	_____	_____	_____
5. Measles	_____	_____	_____
6. Mumps	_____	_____	_____
7. Rubella	_____	_____	_____

I have examined and find him/her fit to participate in all camp activities with the following restrictions and recommendations:

Physician's signature: \_\_\_\_\_

Address \_\_\_\_\_

Phone (area code) \_\_\_\_\_ Number \_\_\_\_\_