



Massachusetts Junior Conservation Camp

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Camper's Name	Age	Sex
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Physical Examination (to be completed by physician)

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

Has patient been exposed to any contagious diseases in the past three weeks? Yes No

If yes, what and where? _____

Please list any illnesses the patient has had during the past year _____

Please list any physical condition(s) that the Camp Director/Nurse should be aware of. This information will be kept confidential and used only for the welfare of the patient.

Present medical problems _____

Medications taken regularly _____

Allergies _____

Any other concerns, medical or otherwise _____

Immunizations	Month	Year	Type
Diphtheria			
Tetanus			
Pertussis			
Poliomyelitis			
Measles			
Mumps			
Rubella			

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

Physician's Name _____ Date _____

Physician's Signature _____

Address _____ Phone _____