



# Massachusetts Junior Conservation Camp

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 Website: www.juniorconservationcamp.org

Name	Age	Sex
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## Employee Physical Examination (to be completed by physician)

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

Has the patient been exposed to any contagious diseases within 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 for all camp activities with the following restrictions and recommendations \_\_\_\_\_

Physician's Name \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_