



University of Houston

Physical Health Examination

To be completed by a licensed physician.

Date of physical: (must be within 2 years)

Name of Camper: Date of Birth:

This examination is for determining fitness and endurance to engage in potentially strenuous activities. All of the information on this form must be completed and may not be substituted by any shorter form.

General Information:

Height: Weight: Blood Pressure: Heart Rate:

Immunization History (Dates included):

Heptavax (Hepatitis B): DPT: MMR: Polio POV: Varicella (chicken pox): Tetanus Booster: Tuberculin Test: High Risk: Low Risk:

Medical Conditions (Please check all that apply)

- Allergy requiring EPI-Pen
Asthma (inhaler Y/N)
Head Aches
Diabetes (please circle: Insulin Pump/Coverage at Camp)
Cerebral Palsy (explain):
Physical Handicaps (explain):
Recent or Recovering Fractures
ADD/ADHD (explain):
Autism (explain):
Downs Syndrome (explain):
Seizures
High/Low Blood Pressure
Other Comments:

Recommendations

Special Diet:

Medications:

Medication Authorization Form must be sent by physician. There is not a licensed health care professional on staff at Camp Genesis.

Any Restrictions: swimming, diving, running, climbing, other:

Physician Authorization

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in an active camp program.

Signature of Examining Physician: Date:

Phone: Address:

Note: Modification of this Form requires approval of OGC