



# Baton Rouge General

## Camper Health History

*To be filled out by camper's physician.*

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

\_\_\_\_\_ Medical Diagnosis: \_\_\_\_\_

\_\_\_\_\_ Does Camper have a seizure disorder: \_\_\_\_\_ Explain: \_\_\_\_\_ Special

Precautions: \_\_\_\_\_

Immunizations / Tetanus Current: \_\_\_\_\_ If no, explain: \_\_\_\_\_

COVID Vaccine: Yes \_\_\_\_\_ No \_\_\_\_\_

### Diseases (please give approximate dates)

Chicken Pox: \_\_\_\_\_ Measles: \_\_\_\_\_ German Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_

Allergies (including food allergies): \_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does camper follow a special diet: \_\_\_\_\_ Explain: \_\_\_\_\_

Check if abnormality noted: Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_ Nose: \_\_\_\_\_ Throat: \_\_\_\_\_ Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_ Abdomen: \_\_\_\_\_ Hernia: \_\_\_\_\_ Spine: \_\_\_\_\_ Extremities: \_\_\_\_\_ Skin: \_\_\_\_\_

Additional Health Information: \_\_\_\_\_  
\_\_\_\_\_

Physician Authorization: I have examined \_\_\_\_\_, an in my opinion he/she is ABLE / UNABLE to participate in an active camp program. I have reviewed the medical information on the Health Form.

Physician Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_