



# Cheley Colorado Camps 2017 Health Form

**DUE MAY 1**

Must be completed by a licensed medical professional approved to perform physical exams. Upload completed form to CampBrain account or email to Staff@Cheley.com.

Name: \_\_\_\_\_

Birthdate (DD/MM/YYYY): \_\_\_\_\_

Male  Female  First Term  Second Term  Staff

**To be completed by physician:**

Date of physical exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

**Conditions**

List conditions for which the patient is receiving treatment

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**Treatments/Medications**

List treatments/meds to be used at camp: name/dose/frequency

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**Restrictions:** List activity restrictions

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**Diet/Nutrition:** List dietary restrictions

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**Past Medical/Surgical History**

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**Allergies:** List all allergies and reactions

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**Physician Authorization:** I have reviewed the patient health history and have discussed the camp program with the parent/guardian. I find the patient physically/emotionally fit to participate in an active camp program, except as noted above.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_