



CAMP STANISLAUS



"a lifetime of memories and friendships"

Physical Form

A physical form must be completed every summer for each camper/staff member in order to attend camp. This record is filed with our nurse in the camp dispensary. It is used by the nurse and by the camp physician. The following statement applies to campers only: **If your son is considering attending Saint Stanislaus for the upcoming school year, we recommend that you complete a separate health form available from the school administration office.**

Participants Name: _____ Date of Birth: _____

Height: _____ Weight: _____ B/P: _____ Pulse: _____

Vision: R 20/_____ L 20/_____

| | Normal | Abnormal | Comments |
|--------------------|--------|----------|----------|
| Heart | | | |
| Lungs | | | |
| Back & Extremities | | | |
| Throat | | | |
| Lymph Glands | | | |
| Thyroid | | | |
| Hernia | | | |
| Hearing | | | |
| Abdomen | | | |
| Neurological | | | |
| | | | |

The Following is recommended:

| | |
|-----------------------|------------------------|
| Eye Refraction: | Audiometer Test: |
| Recommended Medicines | Special Care/Comments: |

I have conducted a limited physical examination of the camper/staff member named above within the scope of this examination have found no obvious reason that this camper/staff member may not participate in the camp program.

Physician's Signature

Date

Please upload this form along with a photo of your child and a **copy of your child's latest immunization record** to:

<https://campstanislaus.campbrainregistration.com/>