

(5) Name _____ Date of Birth _____ Camp Dates _____

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent boosters.

IMMUNIZATION HISTORY:

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5		Dose 1	Dose 2
DPT/DTaP						Td/DT		
OPV/IPV						MMR		
HIB						TB/PPD		
Hep B								

Other state or municipal examinations required for staff, if any _____

MEDICAL EXAMINATION: To be filled out by licensed physician, advanced registered nurse practitioner, or a physician's assistant. This examination should be performed within 24 months of arrival at camp.

CODE: S Satisfactory N Not Satisfactory O Not Examined

Height _____ Weight _____ B.P. _____ Hgb. Test _____ Urinalysis _____
 Eyes _____ Glasses _____ Extremities _____ Posture (Spine) _____
 Ears _____ Nose _____ Throat _____ Heart _____
 Lungs _____ Abdomen _____ Hernia _____

Allergy: Please specify _____ General Appraisal: _____

(6) **FOR GIRLS/WOMEN:** Has this person menstruated? _____ Is her menstrual history normal? _____
 Special considerations: _____

Campers who come to camp with prescription medications must have a written order from their family physician before the camp nurse may dispense. The label on a prescription bottle can not be used in lieu of a doctor's note. Prescription medications my child will need to take (all medications must be sent in original prescription bottles) are:

<i>Name of Medication</i>	<i>Dosage</i>	<i>Condition medication is to be taken for</i>	<i>Times normally taken</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Physician Signature (required for prescription medications, if under 18 yrs. of age) _____

Swimming, diving _____ Strenuous activity _____
 Other _____

(7) I have examined the person herein described, and have reviewed his health history. It is my opinion that he is physically able to engage in camp activities, except as noted above. Date of Physical _____

Physician Signature _____ **MD** **Date** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Telephone (____) _____

MONADNOCK BIBLE CONFERENCE

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