

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

Birthdate: \_\_\_\_\_



# DERMATOLOGY FORM

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

*This form, in addition to the Physical Exam form, must be completed by a specialty provider for all applicants.*

Specialty MD \_\_\_\_\_ Day Phone \_\_\_\_\_ After -Hours Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Hospital (where child is treated): \_\_\_\_\_ Nurse/Coordinator: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Dx: \_\_\_\_\_

Secondary Diagnoses: \_\_\_\_\_

Unique characteristics of skin disease: \_\_\_\_\_

Serious Complications?  No  Yes *If yes, please provide details:* \_\_\_\_\_

Does this camper have heat intolerance?  No  Yes Increased risk of injury from trauma?  No  Yes

Osteoporosis or history of multiple fractures?  No  Yes Risk for bleeding?  No  Yes

Immunosuppression precautions?  No  Yes Live vaccines deferred?  No  Yes

Medically prescribed meal plan or dietary restrictions?  No  Yes

If yes to any of the above, please explain: \_\_\_\_\_

Are there any recommendations or limitations regarding this child's activities while at camp? \_\_\_\_\_

Any need for intensive supervision or assistance based on severity of condition? \_\_\_\_\_

### Dressing Changes:

Type of dressing used: \_\_\_\_\_

Frequency of dressing changes: \_\_\_\_\_

Frequency of baths: \_\_\_\_\_

Comfort measures or distraction techniques used during dressing changes. \_\_\_\_\_

**Laboratory: All campers with RDEB and JEB should have recent labs—please attach.**

**Please attach most recent clinic note**

Physician Name (Print)

Signature

Date

Completed by (Print Name)

Signature

Date