

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

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



# LIVER DISEASE/GASTROINTESTINAL DISORDER FORM

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

*This form, in addition to the Physical Exam form, must be completed by the medical specialist 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: \_\_\_\_\_

Etiology of Liver Disease/GI Disorder: \_\_\_\_\_

Current Treatment: \_\_\_\_\_

History of Infection with:  MRSA  VRE  C Diff If YES, has this infection been cleared?  YES  NO

If NO, is child colonized but asymptomatic?  YES  NO If NO, details: \_\_\_\_\_

Dietary Restrictions:  YES  NO If yes, please provide details or attach most recent Dietary Consult: \_\_\_\_\_

Dietary Supplements:  YES  NO If yes, please provide details: \_\_\_\_\_

Does the child receive tube feedings or have a central line?  YES  NO If yes, complete Infusion Pump Form and/or CV Catheter form.

*(Please contact the Camper Recruiter if you do not have this form).*

Does the child regularly receive lab work?  YES  NO If yes, please provide details or a copy of most recent labs:

Will child require labs while at camp?  YES  NO If yes, please list labs and date needed:

Additional Comments: \_\_\_\_\_

**Please attach most recent clinic note**

Physician Name (Print)

Signature

Date

Completed by (Print Name)

Signature

Date