

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

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



# LUNG DISEASE/SEVERE ASTHMA 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 Diagnosis: \_\_\_\_\_

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

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

*If the child has a diagnosis of asthma, please attach an Asthma Action Plan or complete the RRR Asthma Action Plan form.*

Has this child:

Been hospitalized in the past year?  No  Yes If YES, reason \_\_\_\_\_ date(s) \_\_\_\_\_

Been admitted to the ICU for asthma or lung disease?  No  Yes If YES, date(s) \_\_\_\_\_

Required systemic corticosteroid treatment (not inhaled) in the past year?  No  Yes If YES, Number of times \_\_\_\_\_

Been diagnosed with pulmonary infection with MRSA or B. Cepacia?  No  Yes

Been diagnosed with pulmonary colonization with MRSA or B Cepacia?  No  Yes

*If YES, to the previous 2 questions, these applicants will be considered on a case by case basis*

History of anaphylaxis?  No  Yes *If yes, please attach an Anaphylaxis Action Plan or complete the RRR Anaphylaxis Plan form.*

### Oxygen Requirements:

Does this child have an oxygen requirement?  No  Yes If YES, please provide details below:

when does child require oxygen? \_\_\_\_\_

how much oxygen does the child typically require? \_\_\_\_\_

**Roundup River Ranch requires campers to bring their own oxygen, O2 supplies and equipment. Please provide all details on the Physical Exam Form Medications Page.**

**Please attach most recent clinic note**

\_\_\_\_\_  
Physician Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Completed by (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date