Camper Name: _____ **Birthdate:** _____

ONCOLOGY 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.

Oncologist _____ Day Phone _____ After-Hours Phone _____

Address _____ Email _____

Hospital (where child is treated):_____ Nurse/Coordinator:_____

Oncology Diagnosis: _____ Date of Dx:_____

Secondary Diagnoses:_____

Date of relapse (if applicable) _____

Has the child had a stem cell transplant? □ No □ Yes Date:_____

Is the child still on treatment? □ No □ Yes *If No, date chemotherapy was completed:* _____

If Yes, please give details of the chemotherapy including dates and meds: _____

_____

Does the child have any pertinent long term side effects from his or her treatment or disease that camp should be aware of?
□ No □ Yes

If Yes, please explain: _____

Does the child *regularly* receive lab work? □ No □ Yes *If yes, please provide details or a copy of most recent labs:*

_____

Will child require labs while at camp? □ No □ Yes *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**

Upload to parent dashboard, fax form to 888-524-2477 or email to camperrecruiter@roundupriverranch.org