

Camper Name: _____

Birthdate: _____



PHYSICAL EXAM FORM

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

This two page physical exam form must be completed and signed by the child's PCP or Specialty Doctor

NAME OF PHYSICIAN TO CONTACT	
Primary Care Physician:	Specialist:
Email:	Email:
Address:	Address:
Day Phone:	Day Phone:
After Hours Phone:	After-Hours Phone:
PCP Hospital Affiliation:	Specialist Hospital Affiliation:

GENERAL INFORMATION:

Primary Diagnosis: _____ Date of Diagnosis: _____

Please list current medical issues and/or secondary diagnoses: _____

Surgical History: _____

Is this child immune to **varicella**? No Yes If yes: By immunization Clinical disease (Date ____) Positive titers

Has this child had **shingles**? No Yes If Yes, date _____

Drug Allergies: _____

Food Allergies: _____

Other Allergies (i.e. bees, horses, latex, mold, etc): _____

PHYSICAL EXAM: Please list any pertinent physical findings **or** attach a recent history & physical.

Height: _____ Cm Weight: _____ Kg Blood Pressure _____ Pulse _____ RR _____ O2 Sat _____

Pertinent findings: _____

Physical disability or limitations affecting any camp activity: No Yes

If Yes, please explain, including use of braces, wheelchair, crutches, artificial limbs, or other mobility aids:

Is the child's development appropriate for his or her age? No Yes

If No, at what age does child function? _____

Are there any behavior problems that would affect child's participation in a group? No Yes

If Yes, please describe: _____

Is there anything else you would like us to know about this patient? _____

Camper Name: _____

Birthdate: _____



ROUNDUP RIVER RANCH PHYSICAL EXAM FORM

IMMUNIZATION REQUIREMENTS: In order for the child's application to be complete **we must receive a copy of the child's most current immunization record.** In addition to Colorado state requirements for school attendance, Roundup River Ranch requires a seasonal influenza vaccine and two varicella vaccines. Exceptions are made only for medical contraindications.

RRR is required by law to have all immunization information on the state of CO Immunization form. This form is attached and must be filled out with the dates of each immunization. **Alternatively, if you or your clinic participates in the Colorado Immunization Information System (CIIS) you may print immunization records on the state form directly from this site.**

CURRENT MEDICATIONS :

Please include IV and subcutaneous meds below. A complete and signed physician's order is **required** for all medications including OTC medications that will be administered at camp. As an alternative, a physician signed medication list may also be printed and attached.

Prescription Medications	Strength/Concentration	Dose	Route	Frequency/Special Instructions

OTC Medications	Strength/Concentration	Dose	Route	Frequency/Special Instructions

PHYSICIAN'S STATEMENT: I have examined _____ and find him or her physically able to attend camp. I understand the above medical regimen will be followed while the camper is under the care of Roundup River Ranch.

Physician Name (Print)

Signature

Date

Completed by (Print Name)

Signature

Date