

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