

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