



LCA Summer Experience 2017 Physician's Form

Meadow Breeze Day Camp Lions Sports Camps LCA Summer Academy

Name of Camper _____ Parent or Guardian _____

Home Address _____
Street Town State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Examination: This portion to be filled out by a licensed physician for the purpose of determining fitness to engage in strenuous activities. In lieu of this form you may attach your physicians form to the back.

Immunization History: Required immunizations must be determined locally. This is a record of basic immunizations and most recent booster doses.

DTP series _____ booster _____ Tuberculin test _____
Polio OPV (Sabin) _____ booster _____ Hepatis B _____
Measles, Mumps, Rubella _____ Smallpox _____
Other _____ Lead screening _____

Examination Code: S – Satisfactory X – Not Satisfactory O – Not Examined

Vision _____ Hernia _____
W/glasses _____ Extremities _____
Ears _____ Skin _____
Throat _____ Allergy (please specify) _____
Teeth _____
Heart _____ General appraisal _____
Lungs _____
Abdomen _____ (If applicable) normal menstrual history _____

Special considerations: _____
Restrictions: _____
Name(s) of medication: _____
Special diet: _____

I have examined (Applicant's Name) _____ and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

Signature of Examining Physician

Print Doctor's Name

Date of Exam

Street

Office Phone

Town State Zip

**Please return to: Meadow Breeze Day Camp
Medical Supervisor
48 Bartlett Avenue
Lexington, MA 02420**

**Camp Phone: 781-862-7850 ext. 350
School Phone: 781-862-7850
Fax: 781-863-8503**