

YOUTH-COMMUNITY OUTREACH PROGRAM (Y-COP)

Participant Physical Examination Form

This form must be completed by the child's Medical Provider and submitted with the attached Application. It is acceptable to submit a similar form from the child's doctor's office or school-but the Examination must have occurred within 12 months of the program start date.

Name: _____ Date of Birth: _____

Date of Exam: _____ Facility Name: _____

Address: _____ City/State: _____

Telephone: _____ Completed by: _____

Codes for using this form: S = Satisfactory, X= Not Satisfactory (explain), O = Not Examined

General Appearance: _____

Height _____ Weight _____ Blood _____

Urinalysis _____ HGB Test _____ Posture/Spine _____

Eyes _____ Visions _____ Glasses _____

Ears _____ Hearing _____ Throat/Tonsils _____

Heart _____ Lungs _____ Extremities _____

Feet _____ Skin _____ Nose _____

Teeth _____ Abdomen _____ Hernia _____

Allergies _____

Neurological Findings _____

Recommendations and Restrictions while in camp:

Special Diet _____

Special Medicine _____

Swimming _____

Strenuous Activity _____

I have examined the child, reviewed his/her health history and it is in my opinion that he/she is physically able to engage in the summer camp activities, except as noted above.

Examining Physician's Signature: _____ Date: _____