

Zajac Ranch Camper Application | 2019

Medical Form

(to be **completed/stamped** by a licenced physician within 6 months of camp start date)

The person being evaluated will be attending one week of camp. The experience may include sleeping on the ground and participating in activities such as hiking, canoeing, and large group games.

Date of Exam:	
Childs name:	DOB:
Primary Diagnosis:	
Secondary Diagnosis:	
Drug Allergies:	
Other Allergies:	

Please list any surgeries below

Date:	Procedure:
Date:	Procedure:
Date:	Procedure:
Date:	Procedure:

PHYSICAL EXAM: Please list any pertinent findings *OR* attach a recent H&P

Age:	Weight (LBS):	Height:
Blood Pressure: ___/___		Pulse:
Vision: <input type="checkbox"/> Normal <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		
Hearing: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> If 'Abnormal', Please Explain:		
Please list any Dietary Needs:		
Regarding this individual's social development; would they communicate and interact with peers and others in an age appropriate manner? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, what additional supports are needed to make this a successful camping experience?		
Are there any behavioural concerns that would affect this individual's participation in a group? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please explain:		
Does this individual have any physical or medical concern that would make horseback riding not appropriate? <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain:		

I, _____ (physician name), have examined _____ (name of individual) and find her/him able to attend camp.

Signature of Physician
STAMP

Print Name

Date

PHYSICIAN