

# Zajac Ranch Camper Application Medical Form

This form is 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:	
Non-Life Threatening Allergies (Including drug allergies):	
Life-Threatening Allergies requiring administration of Epinephrine:	

**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"/> No Concerns <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		
Hearing: <input type="checkbox"/> No Concerns <input type="checkbox"/> Hearing Loss(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 <b>not</b> 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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**PHYSICIAN STAMP**