



PHYSICAL EXAMINATION FORM

Each camper **must** have a physical examination to attend Wonderland Camp and completed no longer than 12 months ago. Physical examinations need to be turned in BEFORE check in (ACA Standard).

Please Email/Fax/Mail the physical exam form

Camper Name: _____ Birthdate: _____ Age: _____

Height: _____ Weight: _____ Temperature: _____

Is there any evidence of illness or communicable disease? Yes____ No____
If yes, please describe: _____

Is there any evidence of emotional/behavioral conditions? Yes____ No____
If yes, please describe: _____

Is there any evidence of concerns with mobility (assistance needed)? Yes____ No____
If yes, please describe: _____

Is there any evidence of vision loss? Yes____ No____; Hearing Loss? Yes____ No____
If yes, please describe: _____

Is there any evidence of heart or lung disease? Yes____ No____
If yes, please describe: _____

List other physical conditions not asked above? _____
If yes, please describe: _____

In my medical opinion, the above camper is capable of participating in an active camp program (walking, dancing, and being outdoors) with the following exceptions (include medications, limitations, etc.):

The physical examination was performed on (date): _____

Signature: _____, MD/DO/PA/NP Date: _____

Address: _____ Phone: _____