



Massachusetts Junior Conservation Camp, Inc.

37 Pierce Street, Northboro, MA 01532

Phone: (508) 393-5333

Fax: (508)393-5222

PHYSICAL EXAMINATION (TO BE FILLED IN BY PHYSICIAN)

Camper last name: _____ Camper first name _____ Birth Date _____

Skin _____ Teeth _____ Sinuses _____
Eyes _____ Throat _____ Heart _____
Ears _____ Nose _____ Lungs _____
Athlete's Foot _____

Known exposure to contagious disease within past three weeks? If so, what and where? _____

Illnesses during the past year _____

List below any physical condition that the Camp Director or Nurse should know. This information will be kept confidential and used only for the welfare of the participant.

Present medical problems _____

Medicines taken regularly _____

Allergies _____

List any other concerns, medical or otherwise, that the staff should be aware of: _____

IMMUNIZATIONS:	MONTH	YEAR	TYPES OF IMMUNIZATION
1. Diphtheria	_____	_____	_____
2. Tetanus	_____	_____	_____
3. Pertussis	_____	_____	_____
4. Poliomyelitis	_____	_____	_____
5. Measles	_____	_____	_____
6. Mumps	_____	_____	_____
7. Rubella	_____	_____	_____

I have examined and find him/her fit to participate in all camp activities with the following restrictions and recommendations: _____

Physician's signature: _____

Address _____

Phone (area code) _____ Number _____

(The Camp will accept the substitution of any current Massachusetts standard health form, such as those used by public schools)