



Greater Lowell Family YMCA
YMCA Camp Massapoag
PHYSICAN MEDICAL FORM



To be completed and signed by Physician or attach copy of physical report dated within the last year.
 PHYSICAL EXAM must occur within 24 months prior to June 21, 2010

Camper: _____ Birthdate _____ Male / Female
 (Last Name) (First Name) (Middle Initial)

IMMUNIZATION HISTORY: Please record date (month/year) of immunizations and recent boosters.

Vaccine	Date	Date	Date	Date	Date	Date
DTP/DtaP/DT						
Td (Tetanus/diphtheria)						
Tetanus						
Polio						
MMR						
Or Measles						
Or Mumps						
Or. Rubella						
Hepatitis B						
Varicella (chicken pox)						
TB Mantoux Test		Result: ___Positive ___Negative				

Height _____ Weight _____ Blood Pressure _____

This camper is under the care of a physician for the following conditions (ex. Epilepsy, diabetes, asthma, allergies, ADD/ADHD etc.):

List current medications and/or treatment:

Is medication and/or treatment to be administered at camp: ___yes ___no

If yes, the "Medication Administration" Form must also be completed prior to admittance to camp.

List any allergies (food, drug, plant, animal, insect, etc.), dietary restrictions or modifications:

Any activities to be encouraged or limited:

Health Care Recommendation by Licensed Physician:

I have examined the above named camp applicant within the past 24 months and in my opinion this patient may ___ OR ___ may not (as explained above) participate in all activities.

Licensed Physician's Signature: _____

Date of Examination: _____

Form is due 2 weeks before camper arrives at camp.

Please complete and return to: YMCA Camp Massapoag, P.O. Box 153, Dunstable MA 01827

FAX: 978-649-4884