FARM & WILDERNESS
401 Farm&Wilderness
Rd Plymouth, VT 05056
(802) 422-3761

THIS FORM SHOULD BE COMPLETED AND SIGNED BY THE CAMPER'S PRIMARY CARE PROVIDER AND RETURNED TO CAMP *AHEAD OF THE CAMPER'S ARRIVAL.*

PHYSICAL EXAM FORM

Camper Name _____ Birth Date _____/_____/_____

Name of camper's Primary Care Provider _____ Phone (_____) _____

Clinic Address _____
Street Address *City* *State* *Zip*

Date of most recent physical exam _____/_____/_____

Weight _____ Height _____ Blood Pressure _____/_____ Date of last Tetanus Shot_____

ALLERGIES

Does the camper have any known allergies? ☐ No ☐ Yes *Please describe allergy, reaction, and treatment*

_____

_____

HEALTH CONDITIONS

Is the camper being treated or followed for any medical or mental health condition(s)? ☐ No ☐ Yes *Please explain*

_____

_____

MEDICATIONS

Should the camper continue any medications while at camp? ☐ No ☐ Yes *Name, dose, route, timing, duration*

_____

_____

ACTIVITY RESTRICTIONS

Should the camper have any limitations or adaptations in activity while at camp? ☐ No ☐ Yes *Please describe*

_____

_____

IMMUNIZATIONS

Please fill out the following immunization record, or attach a copy of immunization record

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Tetanus (DTap, TDaP)	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
Tetanus Booster (Td)	_____/_____				
MMR	_____/_____	_____/_____			
Hepatitis A	_____/_____	_____/_____			
Hepatitis B	_____/_____	_____/_____			
HIB	_____/_____	_____/_____	_____/_____	_____/_____	
Polio (IPV)	_____/_____	_____/_____	_____/_____	_____/_____	
Meningitis (Menactra)	_____/_____	_____/_____			
Chicken Pox (Varicella)	_____/_____	_____/_____	If had disease, check box ☐		
Influenza	_____/_____	_____/_____			
TB Test (Mantoux skin)	_____/_____	Result: ☐ Neg ☐ Pos			

Immunization exemption

☐ Please check box if the camper has not received childhood immunizations for religious/personal/medical reasons.

SIGNATURE OF LICENSED PRIMARY CARE PROVIDER _____ Date _____/_____/_____