

Maine Youth Fish & Game Association 2020 Summer Camp Health Form

Camper's Name: _____

DOB: _____ Gender: M / F Age: _____

Parents: MYFGA requires that you submit a copy of a health examination by a licensed physician that has been conducted with the past two years. Please include any recent changes in health history or medication. If your child needs a new health examination, please use the form below.

If you attach a different form (from school athletics, etc.) please make sure it addresses all of the questions.

Physician's Assessment (page 1 of 2)

Note to examining physician: This applicant will be participating in activities such as boating, hiking, and physical recreation. Since it may be necessary for a physician to see this applicant during his/her stay at camp, it is important to have an accurate medical history. Your cooperation in making a careful examination is greatly appreciated to ensure a quality and safe camp experience. Thank you!

Is the applicant under the care of a physician for the following conditions: _____

I have examined the applicant within the past 2 years **YES / NO** (circle one)

Date examined: _____

Immunization History

Is the camper up-to-date on his/her immunizations? **YES / NO** (circle one)
Please attach a record of these immunizations or complete the following:

Vaccine	Date of Basic Immunization	Date of Last Booster
DTaP		
Oral Polio		
MMR		
Varicella		
Tetanus		
Hepatitis Series 1 st		
2 nd		
3 rd		

Health History - please provide approximate dates when applicable

Frequent ear infections _____	Mononucleosis _____
Heart defect / disease _____	Chicken Pox _____
Convulsions _____	Measles _____
Diabetes _____	German measles _____
Bleeding/Clotting Disorder _____	Mumps _____
Hypertension _____	Asthma _____
Tuberculosis _____	Hepatitis _____
Hay Fever _____	Insect bites - severe reaction _____
Poison Ivy or Sumac _____	Medicine allergy/reaction _____

Allergies? (Latex, foods, medication, etc.)

Surgeries or serious injuries? (Dates)

Disability or chronic recurring illness?

Does applicant have epilepsy? YES / NO Does applicant have diabetes? YES / NO

Please explain any reported loss of consciousness, convulsions, or concussion if different from above: _____

Current Medications: _____

Any side effects or medication-based reactions the camp should be aware of?

Please note medications that will need to be administered at camp: (name, dosage, time, etc.)

Any medically prescribed meal or dietary restrictions? _____

Additional Health Information: Are there any other health issues that the camp should be aware of?

Restrictions on participation:

In my opinion, the person's condition **DOES / DOES NOT** (circle one) preclude this camper's participation in a reasonably active camp program:

**Licensed Physician's Signature: _____

Physician's printed name: _____

Daytime Phone #: _____ Evening Phone #: _____

Date: _____

Please return this form to the camper's parent or guardian, or mail to:

MYFGA Summer Camp - PO Box 337 - Stillwater, ME 04489

Contact our Camp Secretary, Tina Roy, @ tkjaroy@gmail.com or

Matt Redding for Summer Camp Questions at matt.redding@maineyouthfishandgame.org

CAMPER RESERVATION WILL BE CONFIRMED ONLY WHEN ALL FORMS ARE RECEIVED.