

Health Examination for MYFGA Summer/Winter Camp

Camper's Name: _____

DOB: _____ Gender: M / F Age: _____

Parents: Maine Youth Fish & Game Association requires a copy of a health examination performed by a licensed physician conducted **within the last two years** (*of 2025's camp start date*). Please include any recent changes in health history or medication.

If you attach a different form (school athletics, etc.) please ensure it addresses all the questions on our form, and note any minor changes here:

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!

The applicant is under care 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		
Covid 19		

Health History - please provide approximate dates when applicable.

Frequent ear infections _____
Heart defect / disease _____
Seizures/epilepsy _____
Diabetes _____
Bleeding/Clotting Disorder _____
Hypertension _____
Tuberculosis _____
Hay Fever _____
Poison Ivy or Sumac _____

Mononucleosis _____
Chicken Pox _____
Measles _____
German measles _____
Mumps _____
Asthma _____
Hepatitis _____
Insect bites - severe reaction _____
Medicine allergy/reaction _____

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

Surgeries or serious injuries? (Dates)

Disability or chronic recurring illness?

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

Please explain any reported loss of consciousness, convulsion, 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 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/guardian.

Forms need to be uploaded in PDF format to your Active Network camp registration account.

Questions Email: summercamp@maineyouthfishandgame.org

CAMPER'S RESERVATION SECURED WHEN ALL FORMS ARE RECEIVED