



Camper Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**TAPAWINGO ADVENTURE/CIT PHYSICAL EXAMINATION FORM 2025**

Speculator, NY 12164

This form is to be completed and signed by a Licensed Medical Provider. A physical is required within **one year** of the camper session.

**Camper Name:** \_\_\_\_\_ **Date of Physical:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **B/P:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

Additional Information for Health Care Staff: \_\_\_\_\_

**IMMUNIZATION HISTORY** – attach a copy of immunizations. A legal waiver must be signed by parents/guardians for conscientious exemption (NY State Immunization Exemption form can be filled out on the camper’s profile online).

**Medical History:**

- No Health Concerns
- Anxiety
- Asthma
- ADHD, ADD
- Bone, Muscle Injury
- Depression
- Eating Disorder
- Seizure Disorder
- Sleep Problems
- Headaches/Migraines
- Head Injury/Concussion
- Diabetes (MD signature is required on a Diabetic Care Plan)
- Other:

Current Treatment/Limitations while at camp:

Dietary Restrictions (all restrictions must be listed here in order to be supported by camp kitchen):

**Allergies** – please describe reactions and management

No Known Allergies

ALLERGEN	TYPE OF REACTION	TREATMENT
<input type="checkbox"/> Food:		
<input type="checkbox"/> Medication(s):		
<input type="checkbox"/> Insect Stings:		
<input type="checkbox"/> Other:		

**In my opinion, this camper is fit for a very active wilderness camp. This includes but is not limited to: hiking in the wilderness for five consecutive days, rafting, rock climbing, caving, water sport activities, and navigating outdoor terrain on an island.**

Yes  No

Camper Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### MEDICATION ADMINISTRATION AUTHORIZATION

New York State Law requires a physician's signature for any medication to be dispensed by the Camp Health Director. **No medications** will be given unless signed off by your physician.

New York State requires all prescription AND over-the-counter medications that are taken regularly by a camper to be listed on this form. This includes creams, supplements, vitamins, and essential oils.

DIAGNOSIS	MEDICATION	DOSAGE	FREQUENCY

**OVER-THE-COUNTER MEDICATIONS** The following non-prescription medications are stocked in the Camp Health Center and are given by the Health Director, on an as needed basis. Please **DO NOT** send any of the following to camp. **MEDICAL PERSONNEL ONLY:** All of the following may be given unless otherwise noted. Please **verify with parents/guardians** if selecting "no" for any OTC medication.

MEDICATION	NO
Acetaminophen (Tylenol)	
Ibuprofen (Advil, Motrin)	
Cough Drops	
Diphenhydramine (Benadryl)	
Phenylephrine Decongestant (Sudafed PE)	
Guaifenisin (Tussin)	
Chloraseptic Throat Spray	
Vitamin C	
Dramamine	
Immodium AD	
Tums	
Pepto-Bismol	
Stool softener	
Muscle Rub (Bengay)	
Lotrimin	
Hydrocortisone Cream	
Visine	
Orajel	
Albuterol Inhalation Solution 0.083% via SVN	
Zyrtec	
Other:	

I have examined the patient herein described and have reviewed their health history.

Licensed Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_