



on the shores of  
Lake Huron

## CAMPER PHYSICAL RECORD

Please mail this form back to:

Camp Grace Bentley  
C/o Nancy Perri  
1877 Maryland Blvd.  
Birmingham, Mi 48009

**Patient's Name** \_\_\_\_\_

**TO BE ANSWERED BY PHYSICIAN**

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_

**S=Satisfactory**

**X=Not Satisfactory**

**O=Not Examined**

EYES \_\_\_\_\_

ABDOMEN \_\_\_\_\_

EARS \_\_\_\_\_

EXTREMITIES \_\_\_\_\_

NOSE \_\_\_\_\_

POSTURE \_\_\_\_\_

THROAT \_\_\_\_\_

SKIN \_\_\_\_\_

TEETH \_\_\_\_\_

ASTHMA \_\_\_\_\_

HEART \_\_\_\_\_

PARASITES \_\_\_\_\_

LUNGS \_\_\_\_\_

HERNIA \_\_\_\_\_

ALLERGY \_\_\_\_\_

PLEASE SPECIFY \_\_\_\_\_

**MEDICATIONS:**

MEDICATION NAME \_\_\_\_\_  
DOSAGE \_\_\_\_\_  
TIME TAKEN \_\_\_\_\_

MEDICATION NAME \_\_\_\_\_  
DOSAGE \_\_\_\_\_  
TIME TAKEN \_\_\_\_\_

MEDICATION NAME \_\_\_\_\_  
DOSAGE \_\_\_\_\_  
TIME TAKEN \_\_\_\_\_

SEIZURES	Yes	No
EMOTIONAL/ BEHAVIORAL PROBLEMS	Yes	No
BOWEL/BLADDER	Yes	No

CATHETER \_\_\_\_ Self \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Assistance Yes \_\_\_\_ No \_\_\_\_

**RESTRICTIONS:**

TO SWIM Yes No

STRENUOUS ACTIVITY Yes No

DIAGNOSIS \_\_\_\_\_

SPECIAL EQUIPMENT \_\_\_\_\_

PRECAUTIONS (Explain in detail) \_\_\_\_\_

**RECOMMENDATIONS AND OTHER RESTRICTIONS WHILE AT CAMP \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL CONDITION OR APPRAISAL**\_\_\_\_\_

I have examined the individual herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above, and is free from contagious diseases as specified above.

Name of Examining Physician\_\_\_\_\_ Date\_\_\_\_\_

Signature\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Telephone\_\_\_\_\_