

B"H

CAMP GAN ISRAEL HEALTH EXAMINATION FORM

6612 SW Capitol Hwy, Portland, Oregon 97239

503.246.KIDS (5437) fax: 503.977.9830 email: director@CGIportland.org

Name _____ Birth date _____
Last First Middle Initial

Parent or Guardian _____

Operations or Serious injuries which may affect participation in camp activities: _____

Chronic or recurring illnesses or handicap which may affect participation in camp: _____

Allergies: _____

To be filled out by licensed physician

This examination should have been performed within 12 months of arrival at camp. Examination for some other purposes within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Height: _____ Weight: _____ Immunizations up-to-date? _____

General Appraisal: _____

Specific Medical Conditions affecting participation: _____

Allergies: _____

Recommendations and Restrictions while in camp

Current Medications: _____ Is parent providing it? _____

Special Diet: _____

Swimming, diving: _____

Strenuous activity: _____

Other: _____

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

_____ M. D.

_____ Phone

_____ Date

_____ Address
