



**Return Completed Form:**  
 Camp MOE  
 314 Main Street  
 Torrington, CT 06790  
 860-618-2800  
 Sept to June 15 Fax: 860-489-2492  
 June 16 – Aug. Fax: 860-618-2799

**Youth Health Exam/Record  
 For Campers and Staff**

PHYSICAL EXAMS ARE VALID FOR 3 YEARS FROM DATE OF LAST EXAMINATION

\_\_\_\_\_ Camper \_\_\_\_\_ Staff

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone# \_\_\_\_\_  
 Guardian \_\_\_\_\_ Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
 Session (s) \_\_\_\_\_

**TO BE COMPLETED BY SPECIFIED MEDICAL PRACTITIONER**

Date of Exam \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ May participate in all camp activities  
 \_\_\_\_\_ May participate except for:

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription or over the counter medication? \_\_\_ Yes \_\_\_ No If yes, indicate names of medication(s): \_\_\_\_\_

Does the individual have allergies? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

Is the individual on a special diet? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

Does the individual have special needs? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

This camper/staff is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and the National Advisory Committee on Immunization Practices:

|            | Yes   | No |                        | Yes | No |
|------------|-------|----|------------------------|-----|----|
| Measles    |       |    | Hepatitis B            |     |    |
| Mumps      |       |    | Diphtheria             |     |    |
| Rubella    |       |    | Pertussis              |     |    |
| Chickenpox |       |    | Pneumococcal Conjugate |     |    |
| Tetanus    | Date: |    | Polio                  |     |    |

Comments:

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

Medical Care Provider: \_\_\_\_\_

Medical Provider Address: \_\_\_\_\_

Medical Provider Telephone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
 Signature of Physician, PA, APRN or RN

\_\_\_\_\_  
 Date Form Signed



**Youth Health  
Exam/Record –**

This form needs to be filled out by a doctor or PA, RN or APRN. Your son/daughter must have had a physical within three years of the time they will be at camp. If their past physical falls within the timeframe needed then you can just have the doctor's office fill out the form and get it back to us via fax or you can drop it off or mail it to 314 Main Street, Torrington, CT 06790. We must have this form completed and send in to camp at least three weeks prior to the time your son/daughter will be attending camp. Our fax number is: 860-489-2492.

Thank you...