



Mail to: Camp Livingston, 8401 Montgomery Rd., Cincinnati, OH 45236

Physical

Camp Livingston Health Center Recommendations by Licensed Physician

To be completed by a physician based on an examination done within the 12 months.

Name of camper _____ Date of last examination _____

Height _____ Does this person have a: convulsive disorder?..... Yes No
heart murmur? Yes No
Weight _____ history of back problems?..... Yes No
history of ear problems..... Yes No
Blood Pressure _____ diabetes?..... Yes No
asthma? Yes No
psychiatric diagnosis? Yes No

Comments on the information above. This child is under the care of a physician for the following reason(s):

Current treatment (include current medication and instructions) to be continued at camp:

Description of prescribed meal plan or dietary restrictions:

Additional health information and other physicians who treat this child:

Immunization History: Give Year of last immunization or booster for:
_____ DPT Series _____ Tetanus Booster _____ Polio
_____ Mumps _____ Measles (Rubeola) _____ Measles (Rubella)
_____ Tuberculin Test _____ Hepatitis B Series

Physician's signature _____ Date _____

Office address _____

Office phone (_____) _____

