



Please read this before completing the form below:

Please double check that the form you are submitting contains at minimum the following information, as some of the physical forms used by medical offices may not. We will ask for the form to be completed again if it does not contain these items. When in doubt, ask to have our camp specific form filled out!

- **Camper Name**
- **Camper Date of Birth**
- **Date of Exam**
 - Must be denoted separately from the date of the Doctor's Signature
 - Must be dated within 24 months of the start of camp
- **Clearance for physical activity without restrictions**
- **Doctor's Signature**
- **Date of Signature**
 - Must be dated after October 1st, 2024. We require a new form for each summer, as a lot can change in over a year!

Thank you for your diligence in making sure these items are included!

Sincerely,

YMCA Camp Abnaki Administrative Team



2025 Doctor's Exam Form

Forms are due 3 weeks prior to your camper's arrival at camp. Please upload this document to your UltraCamp Account in the Document Center, or fax it to us at (802) 713-1005.

Camper Name	Date of Birth	Session(s)

Medical Personnel: Please complete this form and attach additional information as needed.

General Health Information:

Weight:	lbs	Height:	ft	in
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Medications: Please indicate any prescription/over the counter medications the camper will take in our care

Name	Dose	Frequency	Time of Day*

*Medications are administered at Breakfast (9am), Lunch (12:30pm), Dinner (6:30pm), Bedtime (8:30pm), and PRN. Med Passes outside these times must be discussed with the Health Center Staff. Attach additional sheet if necessary.

Allergies: List any allergies to foods, medications, environment, etc. Please also describe previous reactions

Immunizations: Please also include the most recent copy of the camper's immunization records

Date of last Tetanus Shot: _____ Are immunizations up to date? Yes No

Current Medical Problems/Treatments/Recommendations:

Please list any restrictions/conditions/treatments we need to know about with the camper in our care

Diet/Nutrition:

Eats a regular diet Has a medically prescribed meal plan or dietary restrictions (list):

I have examined this camper and reviewed the camp program with their parent/guardian. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program except as noted above.

I examined the patient today Yes No

If no, date of examination:

ACA Accreditation Standards specify physical exam within the last 24 months

Name of licensed provider:	Title:
Signature:	Today's Date:
Office Phone Number:	Fax Number: