GREATER BURLINGTON YMCA CAMP ABNAKI

Please read this before completing the 2026 Doctor's Exam Form

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! Although the doctor's exam may be done 24 months before camp, the Doctor's Exam Form must be completed each year.

- 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 1, 2025. 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

YMCA CAMP ABNAKI
1252 Abnaki Road, North Hero, VT 05474
802 652 8180 youbelong@campabnaki.org www.campabnaki.org

GREATER BURLINGTON YMCA CAMP ABNAKI
2026 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 email it to us at youbelong@campabnaki.org.

Camper Name _____ Date of Birth _____ Session(s) _____

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

General Health Information: Weight _____ Height: _____ ft _____ in

Medications: Please indicate any prescription/over the counter medications the camper will take in our care.

Name _____ Dose _____ Frequency _____ Time of Day _____

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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 all allergies to food, medications, environment, etc. Please also describe previous reactions.

_____

_____

Immunizations: Please 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: _____

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