

Health History Form

Camper's Name: _____

Date of Last Medical Exam: _____

Camper's Physician: _____

Address: _____

Phone Number: _____

Camper's Immunization History:

Vaccine	Date of Immunization
Diphtheria, Tetanus, and Pertussis (DTaP)	
Polio	
Measles/Mumps/Rubella (MMR)	
Hepatitis B	
Varicella (Chickenpox)	
Other (Specify)	

Camper's Health Summary:

1. Describe any current health conditions, required medication (please list), treatment, or special restrictions of the camper while at camp. Write "none" if the camper doesn't have any.

2. Describe any past medical treatments relevant to camper's participation in camp. Write "none" if the camper doesn't have any.

3. Describe any activity restrictions of the camper while at camp. Write "none" if the camper doesn't have any.



4. Describe any current mental or psychological conditions, required medication, treatment, or special restrictions of camper. Write “none” if the camper doesn’t have any.

5. Is there anything else that staff should know about your camper?

Camper Signature Date

Parent/Legal Guardian Signature Date