

Physician Medical Form

Form #3

This side is to be filled out by licensed physician. ***You may substitute a different form supplied by your physician (must include immunization history).

NOTICE: All forms (health/immunization record and emergency contacts/release waivers) must be received before your child can attend KidSummer.

No child will be allowed to attend until all paperwork is complete. No Exceptions!!

Examination must be within 24 months of the child's arrival at KidSummer.

Child's name:

Date of examination:

Immunization history:

Please record the date (month and year) of basic immunizations and most recent booster doses:

Vaccines	Date of basic immunization	Date of last booster
Diphtheria Pertussis (Whooping Cough) DTP * Tetanus OR	1. 2. 3.	1. 2. 3.
Tetanus TD * Diphtheria OR		
Tetanus (it is suggested that this be within the last 10 years)		
Oral Polio (Sabin) * TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German Measles, 3-day measles)		
COVID-19 (if applicable)	1. 2.	1.

Tuberculin Test given _____ (most recent) _____ results _____

Code: V - Satisfactory X - Not Satisfactory (explain) O - Not examine

Height _____
Eyes _____
Glasses _____
Ears _____
Nose _____
Throat _____
Heart _____

Weight _____
Lungs _____
Abdomen _____
Hernia _____
Extremities _____
Posture _____
Skin _____

B.P. _____
Allergies (please specify) _____

General Appraisal: _____

For girls: Has girl menstruated? _____ If not, has she been told about it? _____
If yes, is her menstrual history normal? _____

Recommendations or restrictions:

I have examined the person herein described and have reviewed the health history. It is my opinion that this child is physically able to engage in KidSummer activities.

Examining Physician _____ Date _____

Address _____ Phone _____