

NEW ENGLAND CHINESE YOUTH SUMMER CAMP
紐 英 崙 中 文 夏 令 營

NECYSC HEALTH FORM B

Day Overnight ExplorAsian CIT Counselor Staff
(To be filled out by Camper's Physician or substituted with
Physician's Health Report Form dated within 1 year of camp session.
Please write registration ID on top of Physicians report)

PHYSICAL EXAMINATION INFORMATION

Patient's Name: _____ Date of Birth (mm/dd/yy): _____
(Last, First)

Height: _____ Weight: _____ Blood Pressure: _____

Skin	Eyes	Nose
Mouth	Teeth	Neck
Throat	Lungs	Heart
Abdomen	Ano-genital	Spine
Lower Extremities	Upper extremities	Cranial Nerve

Does the Patient Have any allergies? Yes No
 Is the patient taking other medications? Yes No
 Allergy medication(s) _____
 Dose, frequency: _____
 If yes, describe: _____

Does patient wear: Glasses/ Contacts/ Hearing Aid (Check all that apply)

Immunizations:	DPT	Polio	MMR	H1B	Hep B	Other Vaccines
Original dates:	1	1	1	1	1	
	2	2	2	2	2	
	3	3		3	3	
				4		
Booster dates:	4	4				
	5	5				

LAB TESTS _____ Dates: _____ Results: _____

Tuberculin test/PPD (if patient has traveled outside of country within past year)
Hgb/Hct (if tested): _____

Family medical history:
Patient medical history (operations, serious injuries/illnesses): _____

Date of Physical Examination: _____ Physician: _____
Health Center Name: _____
Address: _____ Phone: _____

Physician Signature: _____ Date: _____
Please notify the camp if the camper is exposed to any communicable diseases 3 weeks prior to his/her arrival at camp.

*Parents: Please complete Camper Health Form (A)
If any medication is needed, please also fill out the medication permission slip.
Child's Physician: Please Complete Camper Health Form (B)*