

New Mexico Forestry Camp
2010 Camper Health

Section B Health Care Recommendation/Physical Examination

I have examined the above person participant on this date: _____

BP _____ Weight _____ Height _____

In my opinion, the above applicant IS NOT IS ABLE to participate in an active camp program.

The applicant is under the care of a physician for the following conditions: _____

Current treatment at the time of this report includes: _____

Recommendations and Restrictions at Camp

Treatment to be continued at camp _____

Medications to be administered at camp (name, dosage, frequency) _____

Known allergies _____

Description of any limitation or restriction on camp activities _____

Additional information for health care staff at the camp _____

Signature of Licensed Medical Personnel

Signature _____

Printed _____ Title _____

Address _____

Phone _____ Date _____

Return this form with the 1) **2010 Camper Health, section A**, 2) **2010 Forestry Camp Permission**, 3) **Over the Counter Medication Authorization**, and 4) **Camper Contract**.