

McCallie Summer Boarding Camp Health Report -

To be filled out by Physician

PHYSICIAN'S REPORT OF HEALTH EVALUATION

Camper's: _____ Date of Birth: _____
Last Name First Name MI

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

*ALLERGIES: _____
(Medications, food, insect bites, environmental, etc.)

List pertinent medical history, conditions, surgeries, serious injuries, broken bones, etc. _____

List any physical, medical, or emotional conditions that we need to be aware of, especially those that would hinder competition in athletics: _____

Date of last Tetanus: _____

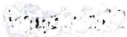
MEDICATIONS

Physician: List ALL medications that the camper will be taking while at camp and how to be given, i.e. "Adderall 10mg po 1 AM/ 1 PM - PM dose prn". Please note if a medicine or a specific dosage is prn. (Please include any ADD/ADHD, antibiotics, inhalers, etc. - The infirmary has OTC Medications).
***NOTE: ALL PRESCRIPTION medications are kept in the McCallie Student Health Center.

Physician's Signature: _____ Date: _____
Address: _____

Physician's Phone #: _____ Fax #: _____

McCallie Summer Camps, 500 Dodds Avenue, Chattanooga, TN 37404 (423)493-5886
McCallie Camp Infirmary Phone (423) 493-5640
Scan and email to nkeane@mccallie.org; we do not have a FAX machine.



Scan and email form to:
nkeane@mccallie.org
We do not have a FAX machine.
Questions? Call: (423)493-5886

Please tape

BOTH SIDES

of your

insurance card

to this form.