

The Woodstock Academy – Health Office
 57 Academy Road Woodstock, CT 06281
 Phone: 860-928-6575 Ext.4 Fax: 860-928-0313



**THE WOODSTOCK ACADEMY
 SUMMER CAMP
 PHYSICAL EXAMINATION FORM**

Name: _____ Date of Birth: _____
 Allergies: _____ Last Tetanus: _____
 Current Medications: _____
 Pertinent Medical History: _____
 Date of Exam: _____ (*Must be within 1 year of camp end date*)
 Height: _____ Weight: _____ Pulse: _____ BP: _____
 Vision: R 20/ _____ L 20/ _____ Corrected: Y ___ N ___ Pupils: Equal ___ Unequal ___

	NORMAL	ABNORMAL FINDINGS
<i>Appearance</i>		
<i>Eyes / Ears / Nose / Throat</i>		
<i>Lymph Nodes</i>		
<i>Heart</i>		
<i>Pulses</i>		
<i>Lungs</i>		
<i>Abdomen</i>		
<i>Genitalia (males only)</i>		
<i>Skin</i>		
<i>Neck</i>		
<i>Back</i>		
<i>Shoulder / Arm</i>		
<i>Elbow / Forearm</i>		
<i>Wrist / Hand</i>		
<i>Hip / Thigh</i>		
<i>Knee</i>		
<i>Leg / Ankle / Foot</i>		

Cleared to participate fully in all camp activities.
 Not Cleared for: _____ Reason: _____
 Recommendations: _____

Name of Physician (Print): _____ Date: _____
 Address: _____ Phone: _____

Signature of Physician (*Required*): _____

Date of exam must be dated within 1 year of camp end date.