

**2010 Season**  
**Camp Independence Medical Information - Form C**  
**TO BE COMPLETED BY A PHYSICIAN**

(Please use additional pages if necessary)

Camper's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Street

City

State

Zip

Physician's Telephone: \_\_\_\_\_

Explain patient's disability(s): \_\_\_\_\_

Current medical problems: \_\_\_\_\_

Recent hospitalizations (include dates): \_\_\_\_\_

Recurrent medical problems (i.e. autonomic dysreflexia, hypertensive crisis, UTI, pneumonia) Include treatment: \_\_\_\_\_

Has patient's medical condition changed within the last year? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

Is patient restricted from any physical activity? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

Does patient have a seizure disorder? No \_\_\_ Yes \_\_\_ Frequency of sz: \_\_\_\_\_

Longest duration of sz: \_\_\_\_\_ Factors precipitating sz: \_\_\_\_\_

List present medications, attach additional info PRN. Are they self-administered? No \_\_\_ Yes \_\_\_

Name of Medications	Dosage	Route	Schedule & Duration
Please print			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all allergies (Drugs/foods/animals, etc.): \_\_\_\_\_

List special diet restrictions: \_\_\_\_\_

Vital signs: BP range: \_\_\_\_\_ HR range: \_\_\_\_\_ RR range: \_\_\_\_\_ Weight: \_\_\_\_\_

Menstruation normal? N/A \_\_\_ Yes \_\_\_ No \_\_\_ If no please explain: \_\_\_\_\_

Tetanus Vaccine: Month & Year of basic immunization \_\_\_\_\_ and of last booster \_\_\_\_\_

**All campers must have had a booster within the last 10 years to attend camp.**

I have examined the above camp applicant. Date examined \_\_\_\_\_

Given the above medical information and restrictions, this person may participate in an active camp program designed for physically disabled adults. Licensed Physician's signature \_\_\_\_\_

**Please Return To:** Camp Independence/Therapeutic Recreation Department  
 MossRehab  
 60 East Township Line Road  
 Elkins Park, PA 19027  
 Fax 215.663.6417 or email to: Kelokdah@einstein.edu