

**Hoop Mountain Academy Medical Form  
Physician Report**

(This is to be completed by a physician)

THE INFORMATION ON THIS FORM MUST BE CURRENT WITHIN ONE YEAR OF CAMP ATTENDANCE.

Camper's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Sex: \_\_\_\_\_

SIGNIFICANT ILLNESS AND OPERATIONS: (Check only if satisfactory, give details if not.)

Measles \_\_\_\_\_ German Measles \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Mumps \_\_\_\_\_  
Chicken Pox \_\_\_\_\_ Diabetes \_\_\_\_\_ Hypertension \_\_\_\_\_ Mononucleosis \_\_\_\_\_  
Convulsions \_\_\_\_\_ Asthma \_\_\_\_\_ Heart Defects/Disease \_\_\_\_\_  
Bleeding/Clotting Disorders \_\_\_\_\_ Allergies \_\_\_\_\_  
Other \_\_\_\_\_  
Details \_\_\_\_\_

IMMUNIZATION SUMMARY: HISTORY OF ALL SHOTS TAKEN

Date & Year IMMUNIZATION BOOSTER

DPT \_\_\_\_\_ DT \_\_\_\_\_

TETANUS \_\_\_\_\_ POLIO \_\_\_\_\_ OPV \_\_\_\_\_  
MEASLES \_\_\_\_\_ GERMAN MEASLES \_\_\_\_\_ MUMPS \_\_\_\_\_  
MANTOUX TUBERCULIN \_\_\_\_\_ HAEMOPHILUS INFLUENZA \_\_\_\_\_  
HEPATITUS B \_\_\_\_\_

CURRENT EXAMINATION: (Check if satisfactory; circle if unsatisfactory and give details)

Eyes \_\_\_\_\_ Hearing \_\_\_\_\_ Heart \_\_\_\_\_ Hernia \_\_\_\_\_ Posture \_\_\_\_\_ Vision \_\_\_\_\_

Throat \_\_\_\_\_ Lungs \_\_\_\_\_ Musc/Skel \_\_\_\_\_ Genitalia \_\_\_\_\_ Ears \_\_\_\_\_ Teeth \_\_\_\_\_

Abdomen \_\_\_\_\_ CNS \_\_\_\_\_ Skin \_\_\_\_\_

Any notable conditions: Glasses, etc.) \_\_\_\_\_

Medicine to be administered, specific dosages, and frequency \_\_\_\_\_

Physician's Summary Statement: This is to certify that I have examined this person, on this date, and found him/her to be in good physical condition. There is no evidence that he/she should not participate in all camp activities, except as stated. I have noted any restrictions, conditions, and required medications.

Signed M.D. \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Mail to: Hoop Mountain Academy, PO Box 497, Orange, MA 01364**