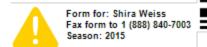
FAXBACK PHYSICIAN'S FOR	PAGE 1 OF 3  Session  Birth Date  PAGE 1 OF 3  Male Female
Physician's Examina	ation HEALTH FORM
	ed within 12 months of arrival at camp. Examination for some other purpose within this for determining fitness to engage in strenuous activity.
Height Weight Puls	se Blood Pressure Hct/Hgb Test (if appropriate) Urinalysis (if appropriate)
Please rate the following:  V – Satisfactory  X – Not satisfactory  O – Not examined	Ears Nose Throat Lungs Heart Abdomen Genitalia Hernia Extremities Posture Skin Neuro
Tuberculosis (TB/PPD) test date:  If positive, please comment:	Positive Negative Not Tested
Medications Please list any medications the applicant is currently taking.	
Allergies Please list any allergies the applicant may have.	



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FAXBACK PHYSIC	CIAN'S FORM	PAGE 2 OF	3	
				☐ Male ☐ Female
Applicant's Name		Session	Birth Date	
Current Medical Problems & Treatments Use a second sheet if needed.				
Recommendations				
List restrictions on the applicant at camp.				
			and have reviewed the health	
	I examined the applicant too	day 🗆 Yes 🗆 No	If no, date of examination	
	Name of Doctor			
	Signature		Date	
capital camps מחנות קפיטל	Contact Information			





FAXBACK PHYSICIAN'S FORM			PAGE 3 OF 3			
Anglicant's Name			onion	Birth Date		Male   Female
Applicant's Name	Eorm	26	ession	Birth Date		
<b>Immunization</b>						LTH FORM
Please complete this form this form. Your Health Form				If you have an a	ittachment, pleas	se place it behind
Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
DTaP or TDaP Diphtheria, tetanus, pertussis	mm/yyyy					
Tetanus, Pertussis booster Must be within 5 years						
MMR Mumps, measles, rubella						
IPV Polio						
HIB Haemophilus influenzae type B						
PCV Pneumococcal						
Hepatitis B				]		
Hepatitis A						
Chicken Pox Varicella						
MCV4 Meningococcal meningitis Required if applicant is 12 years of age or older, a second dose is required for applicants 16 years of age or older.						
H1N1 Swine flu						
Flu shot						
			any additional informatio participate in the camp p			
capital camps מחנות קפיטל						



