

## Dr. Medical form #3

This side is to be filled out by licensed physician. \*\*\* You may substitute a different form supplied by your physician (must include immunization history).

Examination must be within 24 months of the child's arrival at KidSummer.

Date of examination: \_\_\_\_\_

Immunization history:

Please record the date (month and year) of basic immunizations and most recent booster doses:

Vaccines	Date of basic immunization	Date of last booster
Diphtheria Pertussis (Whooping Cough) DTP * Tetanus OR	1. 2. 3.	1. 2. 3.
Tetanus TD * Diphtheria OR		
Tetanus (it is suggested that this be within the last 10 years)		
Oral Polio (Sabin) * TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German Measles, 3-day measles)		
Other		

Tuberculin Test given \_\_\_\_\_ (most recent) \_\_\_\_\_ results \_\_\_\_\_

Code: V - Satisfactory    X - Not Satisfactory (explain)    O - Not examine

Height \_\_\_\_\_  
Eyes \_\_\_\_\_  
Glasses \_\_\_\_\_  
Ears \_\_\_\_\_  
Nose \_\_\_\_\_  
Throat \_\_\_\_\_  
Heart \_\_\_\_\_  
Genitalia \_\_\_\_\_

Weight \_\_\_\_\_  
Lungs \_\_\_\_\_  
Abdomen \_\_\_\_\_  
Hernia \_\_\_\_\_  
Extremities \_\_\_\_\_  
Posture \_\_\_\_\_  
Skin \_\_\_\_\_

B.P. \_\_\_\_\_  
Allergies (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
General Appraisal: \_\_\_\_\_  
\_\_\_\_\_

For girls: Has girl menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_  
If yes, is her menstrual history normal? \_\_\_\_\_

Recommendations or restrictions:

I have examined the person herein described and have reviewed the health history. It is my opinion that this child is physically able to engage in KidSummer activities.

Examining Physician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_