

Dr. Medical form

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 _____	Weight _____	B.P. _____
Eyes _____	Lungs _____	Allergies (please specify) _____
Glasses _____	Abdomen _____	_____
Ears _____	Hernia _____	_____
Nose _____	Extremities _____	_____
Throat _____	Posture _____	General Appraisal: _____
Heart _____	Skin _____	_____
Genitalia _____		_____

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 _____