



Girl Scouts®

Girl Scouts of Greater Atlanta, Inc.

# Camper Health Examination Form

This form is to be used by campers attending a summer camp sponsored by Girl Scouts of Greater Atlanta. The health exam must be completed by a licensed physician or nurse practitioner within 24 months of the camp session if the camper is staying three or more consecutive nights. The health exam must be submitted to the Service Center in Mableton by May 1.

Camp Name \_\_\_\_\_ Session Dates \_\_\_\_\_

Camper Name \_\_\_\_\_ Date of Examination \_\_\_\_\_

## PHYSICAL EXAMINATION - This section to be completed by physician or nurse practitioner.

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ BMI \_\_\_\_\_

Corrected Vision \_\_\_\_\_ Hearing \_\_\_\_\_ LMP \_\_\_\_\_

TB Skin Test date with results (recommended but not required) \_\_\_\_\_

	Normal	Abnormal	Comments:
General	_____	_____	_____
Skin/Hair	_____	_____	_____
Lymphatics	_____	_____	_____
HEENT	_____	_____	_____
Respiratory	_____	_____	_____
Cardiovascular	_____	_____	_____
Breast	_____	_____	_____
Abdominal	_____	_____	_____
Musculoskeletal	_____	_____	_____
Neurological	_____	_____	_____
Female GYN	_____	_____	_____

Additional Medical History (including childhood disease, major illness):

\_\_\_\_\_

Current medications:

\_\_\_\_\_

Current physical and mental status, including disabilities:

\_\_\_\_\_

Injury or surgery (including sequela):

\_\_\_\_\_

Is there any health problem that is likely to keep this individual from participating as a camper in a resident camp?

\_\_\_\_\_

Physician/Nurse Practitioner Signature

Date

Complete Address

Telephone