



WOODBOURNE, N.Y.

LANSMAN'S DAY CAMP • 103 Murphy Road Woodbourne, NY 12788  
(845) 434-8480 • LansmansDayCamp@gmail.com • www.lansmansdaycamp.com

## PHYSICAL EXAMINATION FORM

*(To be completed and signed by physician)*

Name of Camper	Height	Weight	
Date of most recent complete physical exam (month/ year):			
<b>MEDICAL HISTORY: PLEASE CHECK ALL THAT APPLY</b>			
<b>ILLNESSES: Dates / Details</b>			
Chicken Pox _____	Measles _____	Diabetes _____	Hernia _____
Mumps _____	Asthma _____	Convulsions _____	Appendicitis _____
Whooping Cough _____	Stomach Trouble _____	Heart Trouble _____	Ear Infections _____
Rheumatic Fever _____	Frequent Colds _____	Kidney Problems _____	Other _____
Please explain:			
<b>IMMUNIZATION RECORD: New York State mandates that every child is fully immunized in order to attend camp. Please provide a complete immunization history attached to this form.</b>			
<b>MEDICATION INFORMATION</b>			
Will this child be bringing medication to camp? Yes _____ No _____			
If so, please indicate type of medication, dosage, schedule, etc. All medication must be carefully marked with instructions, including a note of authorization from the parents that this medication may be administered by the camp, and give name of prescribing physician.			
Type of medication and dosage times:			



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Physician's Comments and Recommendations:

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Address

Phone

Fax

Email

Registry #

**Please mail completed form to:**

**Lansman's Day Camp  
Ariana Schiano, Camp Administrator  
89 Ontario Avenue  
Massapequa, NY 11758**