

Application ID _ _ _ _


 NEW ENGLAND CHINESE YOUTH SUMMER CAMP
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NECYSC HEALTH FORM B

Day Overnight ExplorAsian CIT Counselor Staff
 (To be filled out by Camper's Physician or substituted with Physician's Health Report Form dated within 1 year of camp session. Please write registration ID on top of Physicians report)

PHYSICAL EXAMINATION INFORMATION

Patient's Name: _____ Date of Birth (mm/dd/yy): _____
 (Last, First)

Height: _____ Weight: _____ Blood Pressure: _____

Skin	Eyes	Nose
Mouth	Teeth	Neck
Throat	Lungs	Heart
Abdomen	Ano-genital	Spine

Lower Extremities Upper extremities Cranial Nerve

Does the Patient Have any allergies? Yes No Allergy medication(s) Dose, frequency: _____ Is the patient taking other medications? Yes No If yes, describe: _____

Does patient wear: Glasses/ Contacts/ Hearing Aid (Check all that apply)

Immunizations:	DPT	Polio	MMR	H1B	Hep B	Other Vaccines
Original dates:	1	1	1	1	1	
	2	2	2	2	2	
	3	3		3	3	
				4		
Booster dates:	4	4				
	5	5				

LAB TESTS Dates: Results:

Tuberculin test/PPD (if patient has traveled outside of country within past year)
 Hgb/Hct (if tested):

Family medical history:
 Patient medical history (operations, serious injuries/illnesses): _____

Date of Physical Examination: Physician:
 Health Center Name:
 Address: Phone:

Physician Signature: _____ Date: _____
Please notify the camp if the camper is exposed to any communicable diseases 3 weeks prior to his/her arrival at camp.

Parents:
*If any medication is needed, please also fill out the medication permission slip.
 Child's Physician: Please Complete Camper Health Form (B)*