



THE GEORGE WASHINGTON UNIVERSITY HEALTH FORM



Name _____ Birthdate _____ Sex _____ Age _____
Last First Initial

Parents/Guardians _____ Home Phone(_____) _____ Work Phone(_____) _____
Area Code & Number Area Code & Number

Home Address _____
Number & Street City State Zip Code

If parents/guardians not available in emergency, notify:

1. _____ Phone _____
Name (local contact)

_____ City State Zip Code
Number and Street

2. _____ Phone _____
Name

_____ City State Zip Code
Number and Street

3. _____ Phone _____
Name

_____ City State Zip Code
Number and Street

Authorization to release child - I understand that in addition to the names listed above for emergency, these individuals are also authorized to pick up the camper. I must also include at least one local name and phone number for emergency purpose, other than immediate family members. Under no circumstances will my child/children be released to individuals other than those listed above without my written authorization.

Health History (check and give approximate dates)

	<u>Allergies</u>	<u>Disease</u>
Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Poison Ivy, etc. _____	Measles _____
Convulsions _____	Insect Sting _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Asthma _____

Operations or Serious Injuries (dates) _____

Chronic or Recurring Illness _____

Other Diseases or Details of Above _____

Any specific activities to be restricted? _____

Important: Please notify us if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

This health form is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected or the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Signature: _____ Date: _____

Suggestions from parents: _____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DTP Series _____ Booster _____ Tetanus Booster _____
 Polio DPV (Sabin) _____ Booster _____ Typhoid _____
 Measles vaccine (Live) _____ Tyberculin Test _____
 German Measles (Rubella) _____ Mumps Vaccine (Live) _____
 Smallpox _____ Other _____

Other state or municipal examinations required for staff (if any): _____

MEDICAL EXAMINATION - To be filled out by licensed physician.

This examination should be performed within 12 months of arrival at camp. Examination for other purposes within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Hgt. _____ Wt. _____ B.P. _____ Hgb. Test _____ Urinalysis _____
 Eyes _____ Extremities _____
 Glasses _____ Posture (spine) _____
 Ears _____ Skin _____
 Nose _____ Allergy _____
 Throat _____ Lungs _____
 Teeth _____ Abdomen _____
 Heart _____ Hernia _____

General Appraisal: _____

For Girls & Women

Has this person mensstruated? _____ If so, is her menstrual history normal? _____
 If not, has she been told about it? _____ Special considerations: _____

Recommendations and restrictions while in camp:

Special diet _____
 Special medicine (name it) _____ Is parent sending it? _____
 Swimming/Diving _____
 Strenuous activity _____
 Other _____

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.

Telephone _____ M.D.
 Area Code and Number Examining Physician

Date _____ Address _____