



68 Upper Sheep Pasture Rd, East Setauket, NY 11733  
 admissions@sigmacamp.org \* www.sigmacamp.org

**Conferee Name:** \_\_\_\_\_

*\*\*\*The physical exam is valid for three years from the date of the physician signature. Please fax this completed form, along with a copy (both sides) of your insurance card, to the number listed below. It will be automatically attached to your Silver Lake registration account.\*\*\**

**MEDICAL HISTORY:** (explain any "yes" answers below)

	<b>yes</b>	<b>no</b>		<b>yes</b>	<b>no</b>
Had any recent injury, illness or infectious disease?	___	___	Have diabetes?	___	___
Prone to Ear Infections?	___	___	Abnormal menstrual (female)	___	___
Ever been hospitalized?	___	___	Heart murmur?	___	___
Ever had surgery?	___	___	Back problems?	___	___
Treated for Mental Illness?	___	___	Skin problems?	___	___
Treated for Depression?	___	___	Asthma?	___	___
Ever had seizures?	___	___	Eating disorder?	___	___
Ever had high blood pressure?	___	___	History of bed-wetting?	___	___
			Stomach problems?	___	___

*Please explain any "yes" answers:* \_\_\_\_\_

***\* MUST BE COMPLETED BY A LICENSED PHYSICIAN\****

**PHYSICAL EXAM:** Code (1) Satisfactory (2) Not Satisfactory

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Skin \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_  
 Eyes \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_ Required \_\_\_\_\_ Condition \_\_\_\_\_  
 Ears \_\_\_\_\_ Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_ Throat \_\_\_\_\_ Heart \_\_\_\_\_  
 Abdomen \_\_\_\_\_ Genitalia \_\_\_\_\_ Hernia \_\_\_\_\_ Extremities \_\_\_\_\_

**Tests:** Urinalysis glucose \_\_\_\_\_ Albumin \_\_\_\_\_ Tuberculin Testing (type) \_\_\_\_\_

***The above named person is in satisfactory condition and may engage in all camp activities.***

Date of Last Exam: _____	
Physician Signature: _____	Date: ____ / ____ / ____
Print Physician Name: _____	Lic# _____
State Licensed in: _____	
Address _____	City _____
Telephone# (____) _____	

**THIS FORM SHOULD CARRY PHYSICIAN'S STAMP!**