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Name of camper: \_\_\_\_\_

*A physical exam form dated with the current year is required for all participants.  
Previous years' physician forms cannot be accepted.*

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

	Yes	No		Yes	No
Had any recent injury, illness, or infectious disease?	___	___	Abnormal menstrual (female)?	___	___
Prone to ear infections?	___	___	Have diabetes?	___	___
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: \_\_\_\_\_

**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!**