

Student Physical Examination



ROCKY MOUNTAIN
summer conservatory

- The following information is required to be received for students 17 and Under.
- The following information is recommended and encouraged to be received for students 18 and Over.

STUDENT NAME _____

Form Deadline: May 1, 2006

SESSION (PLEASE CHECK YOUR SESSION)

- A: (JUNE 25 – JULY 16)
- B: (JULY 16 – AUGUST 6)
- C: (JUNE 25 – AUGUST 6)
- D: (JUNE 25 – JULY 16) JR. DIVISION

THIS SECTION IS TO BE COMPLETED BY THE PARENT/GUARDIAN OF A CURRENTLY ENROLLED STUDENT.

Name of Student _____

Date of Birth _____

Gender: Male Female _____

Social Security Number _____

Home Address _____

Home Phone _____

THIS SECTION MUST BE COMPLETED BY LICENSED MEDICAL PERSONNEL.

(Give this form to your doctor or pediatrician.)

I have examined the above student. Date of last examination _____

BP _____ Weight _____ Height _____

Which of the following has the student had?

Measles _____

Chicken Pox _____

German Measles _____

Mumps _____

Hepatitis _____

TB Mantoux Test

Date of last test _____

Result: _____

Positive _____

Negative _____

(Feel free to attach additional sheet or document if necessary.)

Continued



Student Physical Examination (Continued)

STUDENT NAME _____

Form Deadline: June 1

SESSION (PLEASE CHECK YOUR SESSION)

- A: (JUNE 25 – JULY 16)
- B: (JULY 16 – AUGUST 6)
- C: (JUNE 25 – AUGUST 6)
- D: (JUNE 25 – JULY 16) JR. DIVISION

(PLEASE HAVE YOUR PHYSICIAN COMPLETE THE ENTIRE SECTION OF THIS DOCUMENT.)

In my opinion, the above applicant is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions

Current treatment at the time of this report includes

RECOMMENDATION AND RESTRICTIONS AT CAMP

Treatment to be continued at camp

Medications (including over-the-counter) to be taken while attending RMSC (name, dosage, frequency).

Note: RMSC staff will monitor but not administer medications.

Medications taken during the school year that will be suspended for the summer

Any medically-prescribed meal plan or dietary restrictions

Continued



Student Physical Examination Form (Continued)

Known Allergies

Description of any limitation or restriction on RMSC activities

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

PHYSICIAN INFORMATION & SIGNATURE

Name (please print)

Address

City

State

Zip

Phone

Signature

Date
