

HEALTH CHECK-IN

CAMP USE ONLY.

Do not write in this section. This section will be filled out by the camp nurse on site at the time of check-in.

EXAMINATION:

TEMP. _____

LUNGS _____

THROAT _____

EYES _____

EARS _____

Comments:

CHECKED BY: _____

DATE: _____

Health History:

Medical Conditions:

Medication

Dosage

_____	_____
_____	_____
_____	_____
_____	_____

CHECKED BY: _____

DATE: _____