9 West Avenue, Hicksville, NY 11801 • Tel: 516.938.1137 Fax: 516.822.9269

ANNUAL PHYSICAL EXAMINATION - CAMP

Name of Child _____
(last, first name)

Date of Birth _____

1. Height _____	8. Throat _____	15. Orthopedic	18. Blood Pressure _____
2. Weight _____	9. Lymph Nodes _____	A. Structural _____	19. Scoliosis _____
3. Eyes/Eyelids _____	10. Heart _____	B. Bones _____	
4. Ears & Eardrums _____	11. Lungs _____	C. Joints _____	**Body Mass Index** _____
5. Skin & Hair _____	12. Abdomen _____	D. Feet _____	**Weight Status Category** _____
6. Teeth & Gums _____	13. Hernia _____	16. Nervous System ____	
7. Nose _____	14. Genito-Urinary _____	17. Nutrition _____	**PPD (TB)** neg. pos.

IMMUNIZATION RECORD

	1st Immunization (Month/Day/Year)	**2nd Immunization** (Month/Day/Year)
MMR (after 1 yr of age)	_____	_____
Measles (live vaccine after 1 yr of age) 2nd dose required before entering Kindergarten	_____	_____
Mumps (after 1 yr of age)	_____	_____
Rubella (after 1 yr of age)	_____	_____
HIB Vaccine (between 15 mo. & 5 years)	_____	_____
Hepatitis B ..... (3 doses required for Pre-K and Nursery children born on or after 1/1/95) (3 doses for Kindergarten born on or after 1/1/93)	_____	_____
Varicella	_____	

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Lead Screening "STRONGLY RECOMMENDED" _____

	Dates	Dates of Boosters
Polio: Sabin (TOPV at least 3 doses)	#1 _____	#1 _____
	#2 _____	#2 _____
	#3 _____	#3 _____
Diptheria DPT, DT or TD (at least 3 doses)	#1 _____	#1 _____
	#2 _____	#2 _____
	#3 _____	#3 _____

1. Are there any allergies? _____
2. Are there allergies to medications? _____
3. Is medication taken regularly? If yes, what kind? _____
4. Are they any conditions that require special attention by the school? _____

_____

Child is healthy, up to date on all required immunizations and able to participate in all school/camp activities.

☐ Yes ☐ No

Date of Exam _____ Physician's Stamp _____

Signature of Doctor _____

No child will be permitted to begin camp without a current physical form.
This is a requirement of the Nassau County Health Department.