

# CAMP CAN DO CAMPER PHYSICAL EXAM FORM

## IMPORTANT!!

Please have participant's physician fill out the information below and return to Gretna Glen Camp & Retreat Center, ATTN: Camp Can Do, 87 Old Mine Road, Lebanon, PA 17042. Applicants will NOT be considered until both the application and physical exam forms have been received by Camp.

**Please remember that our campers are in all different stages of treatment and many campers may be immune compromised. It is EXTREMELY important that if your child has any drainage from ears, nose, and/or mouth or have any open wounds it must be cultured. Camp medical staff must be notified of culture results prior to attending camp.**

### MEDICAL DIAGNOSIS

Camper Name \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Diagnosis \_\_\_\_\_

Treated with (check all that applies):  Chemotherapy  Radiation  Surgery  Other

Has camper completed therapy:  Yes  No If yes, date of most recent treatment? \_\_\_\_\_

Type of treatment: \_\_\_\_\_ (if treatment or medications are to be administered at camp, please note instructions below)

Drug Name & Strength	Dose	Frequency

IV MEDICATIONS	Dose	Frequency

Camper Name \_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_ Date of Hepatitis vaccine \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Describe any special conditions or care needed while at camp \_\_\_\_\_

Describe any physical disabilities, limitations or restrictions \_\_\_\_\_

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DEVICES: (PLEASE CHECK)     glasses                       contacts                       hearing aid                       prosthesis

IV Access: (PLEASE CHECK)     Broviac/Hickman     Port/Pasport                       PICC                       None

Blood product transfusions & special handling/pre-medications: \_\_\_\_\_

List any laboratory studies or treatments to be done (with dates) while participating at camp. Include special instructions and information about medications used to prevent nausea, vomiting and pain management:

**MOST RECENT BLOOD COUNT: Please attach a copy of participant's most recent lab results report. For anyone currently undergoing treatment, these labs should be done within 30 days of the participant's arrival at camp.**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Please return this form to:  
Gretna Glen Camp & Retreat Center  
Attn: Camp Can Do  
87 Old Mine Road, Lebanon, PA 17042 – Phone 717-273-6525 or Fax  
717-273-6045**