



# Holiday Hill Day Camp Health Form

**To be filled out and signed by a licensed health care provider (MD/APRN/PA)**

Full Name of Camper/CIT/Staff Member \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of most recent exam \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

After examination and my review of this individual's health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below:

Any restriction of activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any dietary restrictions or needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any allergies or additional health information: \_\_\_\_\_

\_\_\_\_\_

This individual is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	YES	NO		YES	NO
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus (Date of)			Pneumococcal		

***Licensed Health Care Provider's Signature (MD/APRN/PA)***

\_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

***This form must be completed and signed by a licensed health care provider.***

***Please upload to the online parent portal once completed.***