



**Antiochian
Village**

Form must be received at least one month prior to camping session— Please make a copy of this form to keep on file for your own reference.

201 Saint Ignatius Trail, Bolivar, PA 15923
Phone: 724-238-9565 Fax: 724-238-6415
Email: office@avcamp.org

For Camp Use Only
Cabin # _____

Antiochian Village 2019 Medical Exam Form for Summer Camp

A medical exam is required within 12 months of the camping session. If an exam was already done within this time period, your physician may be willing to fill out the form without an additional examination. This form must be completed and signed by an approved licensed medical personnel.

Camper Name _____ Date of Birth _____ Session of Camp attending _____

HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PERSONNEL

I examined this individual on _____ BP : _____ Weight: _____ Height: _____

Conditions List conditions for which the above participant is receiving treatment None

Restrictions List activity restrictions None

Immunization History

*Please attach a copy of the patient's immunization records for the Camp's Health Center Staff.

Please check if family has chosen not to immunize this individual

Diet/Nutrition List dietary restrictions Eats a regular diet

Allergies List all allergies & reactions No known allergies

Treatments / Medications List treatments/medications to be continued at camp (include name, dose, frequency) None

Additional information for health care staff at the camp: _____

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

Signature of Licensed Medical Personnel: _____

Printed Name: _____ Date: _____ Phone: _____

Address: _____ Fax: _____