



Send forms to medicalrecords@campbonim.com.

MEDICAL FORMS CHECKLIST

Copy of front and back of camper/staff member's insurance card

Doctor Form

You may use the included doctor's form, or doctors may provide their own, as long as it meets all of the following requirements.

Doctors form must include:

- medical clearance for all activities**
- health check-up info**
- current meds**
- immunization records**

Email Forms to camp:

Email medical forms to MEDICALRECORDS@CAMPBONIM.COM.

Put the campers full name in the subject line.

Medication Form

If camper or staff member takes medication, please fill out additional medication form from J Drugs and send it directly to them as per the instructions on the medication form.



DOCTOR FORM: TO BE COMPLETED BY A LICENSED PHYSICIAN

HEALTH CARE RECOMMENDATIONS:

I have examined _____ on _____ .
Patient's name date

Height: _____ Weight: _____ Blood Pressure: _____

In my opinion, the above individual is is not able to participate actively in camp programs.

If not, describe limitations: _____

The applicant is under the care of a physician for the following conditions: _____

IMMUNIZATION RECORD

Vaccine	Month/Year	Month/Year	Month/Year	Month/Year
DTP				
Td				
Tetanus				
Oral Polio				
MMR				
Or Measles				
Or Mumps				
Or Rubella				
Haemophilus Influenza B				
Hepatitis B				
Varicella (Chicken Pox)				
Other				
Other				
Tb Mantoux Test	Date of last test		Result (+ or -)	

PRESCRIPTION MEDICATION

- Patient does not take medication
- Patient takes medication, as detailed below

Please complete with patient's current regimen for both scheduled & PRN medications.

Medication	Dosage	Quantity Per Dose	Schedule	Comments

FOR LICENSED PHYSICIAN

Signature: _____ Date: _____

License #: _____ Phone #: _____ Fax #: _____

Date of Physical Exam: _____ By: _____
Sign if completed by nurse or physician's assistant