

2010 Larry Hyde Summer Camps

To be completed by a Licensed Medical Professional

Camper Name: _____ Camp/Program _____

BP _____ Height _____ Weight _____

(ACA accreditation requirements specify exams within 24 months of camp attendance. Individual camps may require annual exams. A new exam is not necessarily required for camp attendance.)

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

The applicant is under the care of a physician for the following reasons.

Which of the following has the participant had?

Measles Mumps German Measles Chicken Pox Hepatitis A Hepatitis B Hepatitis C

TB Mantoux Test Date of last test _____ Result: Positive Negative

Immunizations

Please give all dates of immunization for:

Vaccine	Dates:	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
DTP		_____	_____	_____	_____	_____	_____
TD (Tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
or Measles		_____	_____	_____	_____	_____	_____
or Mumps		_____	_____	_____	_____	_____	_____
or Rubella		_____	_____	_____	_____	_____	_____
Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella (Chicken Pox)		_____	_____	_____	_____	_____	_____

Signature of Licensed Medical Personnel

Signature: _____

Printed: _____ Title: _____

Address: _____

Phone: _____ Date: _____



Please return by May 31, 2010 to:
 Larry Hyde Summer Camps 8801 Cheltenham Avenue Wyndmoor, PA 19038