

Medical Examination- *To be filled out by Licensed Medical Personnel:* This examination is to be performed within 24 months of arrival at camp, unless waived (see camp website for that form). **Please note that the waiver only waives the medical examination, the Health Form still needs to be filled out by the parent/guardian.**

Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities. Laboratory tests done at discretion of physician. **This form must be sent to camp by June 1st.**

To Physicians and Nurse Practitioners: This child has enrolled in a summer residential program at Camp Augusta. The program includes physical activity (i.e. swimming, soccer, climbing) and takes place in a remote rustic location – Nevada City, CA. Our healthcare staff will use your information to help meet the health needs of the person described.

I have examined _____ on this day, _____
(First Name) (Last Name) (Date)

CODE: S = Satisfactory N = Not Satisfactory X = Not Examined

Height: _____ Weight: _____ BP: _____ Hct or Hgb Test: _____ Urinalysis: _____

Eyes	_____	Lungs	_____
Glasses	_____	Adbomen	_____
Ears	_____	Hernia	_____
Nose	_____	Extremities	_____
Throat	_____	Posture	_____
Heart	_____	Skin	_____
Genitalia	_____		

Recommendations and Restrictions at Camp:

Describe the treatment(s) to be continued at camp and any significant physical findings regarding this camper and/or any limitations, which may impact the child's participation in our program:

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

Signature of Licensed Medical Personnel: _____

Printed: _____ Title: _____

Address: _____

Phone: _____ Date: _____



Camp Augusta
17530 Lake Vera Road
Nevada City, CA 95959



Phone: (530) 265-3702

www.campaugusta.org

Fax: (530) 265-3527

WAIVER OF HEALTH EXAMINATION

Camper Name (Last First Middle) Date (mm/dd/yy)

Address

I have been informed about the health examination recommended by health professionals. I recognize that by not obtaining a health exam by a health professional, I am personally certifying my camper's health to participate in ALL camp activities, with no exceptions. If there are exceptions, they may be noted below.

I also understand that should my camper need medical attention, medical staff at camp or elsewhere may be hindered in providing appropriate treatment.

Signature

DATE

Printed Name