

Sam Houston State Sports Camp Medical Examination

Complete prior to camp registration. Mail to SHSU Sports Camps, Box 2268, Huntsville, TX 77341, or bring to registration.

Camp you are attending _____

To be filled in by physician

This examination should be performed prior to arrival at camp. Examination for some other purpose before camp is acceptable. Recent school physical also is acceptable. This examination is for determining fitness to engage in strenuous activities.

CODE: V-Satisfactory; X-Unsatisfactory (explain);
O-not examined

Height _____ Weight _____ BP _____

Eyes _____ Glasses _____

Ears _____ Nose _____

Throat _____

Heart _____ Lungs _____

Genitalia _____ Abdomen _____

Hernia _____ Extremities _____

Posture (spine) _____ Skin _____

Allergy (please specify) _____

General appraisal _____

Menstrual history (females only) _____

Recommendations and restrictions while in camp

Special diet _____

Current medication (parent sending?) _____

Swimming/diving _____

Other _____

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.

M.D.

Address

Telephone

Date

To be filled in by parent or guardian

Camper Name _____

Birthdate _____ Sex _____ Age _____

Parent/Guardian Name _____

Telephone _____

Home Address _____

Business Address _____

If not available in emergency, please notify

1. _____

2. _____

Health History (check, please give approximate date)

Allergies _____

Hay fever _____ Poison Ivy _____

Insect stings _____ Asthma _____

Penicilin _____ Previous Head Injury _____

Other drugs _____

Date of Last DT Booster _____

Operations or serious injuries _____

Chronic or recurring illness _____

Other diseases or details of above _____

Family Physician _____

Telephone _____

Any specific activities to be encouraged or restricted?

IMPORTANT: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

PARENT/GUARDIAN AUTHORIZATION

This health history is correct to our knowledge. The person herein described has permission to engage in all prescribed activities except as noted.

I hereby give permission to the physician selected by the camp director to order Xrays, routine tests, and treatment for the health of my child, and, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection and/or surgery for my child as named above.

Parent/Guardian Signature

Date