

Southern New England Ministry Network
PHYSICIAN'S HEALTH FORM

New this year: This form needs to be completed by your physician **OR** a similar form provided from your physician's office that includes: (1) Physical Examination

Date (within two years of camp date), (2) Up to date Immunization Record and (3) Signature by physician.

All campers must have a physical within TWO years of the start of camp. Copies from last year are not available.

Send this medical form to your doctor NOW! DO NOT WAIT! Be sure this form is filled out COMPLETELY and send it back to your church's camp coordinator by the registration deadline date. This form is REQUIRED to be sent in with the camp application and is REQUIRED for your child to stay at camp. Do not leave any lines blank. This helps our medical staff care for your child.

Applicant's Name: _____

Family Doctor's Name: _____

Doctor's Office Address: _____

Doctor's Phone: _____

Date of Last Physical: _____

IMMUNIZATION RECORD –

DPT - dates _____	DT - dates _____	OPV - dates _____	MMR
- dates _____			
Td - dates _____	HepB - dates _____	TB - dates _____	

Doctor's Signature: _____