

# IdRaHaJe 2018 PHYSICAL FORM (Due 1 week before camp)

You may also bring this form or a copy of your camper's physical to check-in.  
PO Box 360 Bailey, CO Fax: 303-484-2249 Email: registration@idrahaje.org

Camper Name: \_\_\_\_\_  
Camp & Week Attending: \_\_\_\_\_

## CAMPER'S PHYSICAL FORM: To be filled out by the doctor

Medical condition Camp should be aware of: \_\_\_\_\_

Special instructions (e.g., special diets, exempted activities, etc.): \_\_\_\_\_

Allergies (e.g., drugs, food, other): \_\_\_\_\_

Does this camper regularly take prescription medications, OTC medications, or vitamins? Yes / No

(If yes, please fill out the medication form with correct dosage and frequency)

\_\_\_\_\_ was given a camp physical examination on \_\_\_/\_\_\_/\_\_\_\_. (Must be within 24 months of designated Camp.) S/he is in satisfactory physical condition and capable of active participation except as noted above.

**Signature of Doctor** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

Printed Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_