

# Premier Soccer Camps Medical Form

## Return to Camp Health Supervisor

### MEDICAL INFORMATION: CAMPERS & STAFF UNDER AGE 18 YRS

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Current Age: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_

[must be within 24 months for sports, residential, travel and trip camps]

#### REQUIRED IMMUNIZATIONS - list month and year

D.T.P. (4 doses)	_____	_____	_____	_____
Polio (3 doses)	_____	_____	_____	_____
Hepatitis B (3 doses)	_____	_____	_____	_____
M.M.R. (2 doses)	_____	_____	_____	_____
TD booster (1 dose while in Grades 7-12)	_____	_____	_____	_____
Varicella Vaccine or proof of disease	_____	_____	_____	_____

SIGNIFICANT MEDICAL HISTORY – list dates: \_\_\_\_\_

\_\_\_\_\_

ALLERGY PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

REQUIRED MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

LIST HEALTH CONDITIONS OR IMPAIRMENTS WHICH MAY AFFECT ACTIVITIES WHILE ATTENDING CAMP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PARENT/ GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN SIGNATURE

[for sports, residential, travel & trip camps ONLY]