



Sidney Albert
Albany JCC

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Physician's Medical Report

Completed by Licensed Physician. **The Doctor's own form or School form is fine.**
Please print using black or blue ink only. **Return forms by June 7, 2024.**

Camper Name _____

Birthdate _____

Date of last examination _____

BP _____ Weight _____ Height _____

In my opinion, the above applicant:

- is able to participate in an active camp program
- is able to participate in an active camp program except as noted below
- is not able to participate in an active camp program

Description of any limitation or restriction on camp activities

The applicant is under the care of a physician for the following conditions

Current treatment at the time of this report includes

Treatment to be continued at camp

Medications to be administered at camp (*name, dosage, frequency*)

Any medically-prescribed meal plan or dietary restrictions



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Known allergies

Immunization History

Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization forms from health care providers or state or local government are acceptable; please attach to this form.

Diphtheria, tetanus, pertussis* (DTaP) or (TdaP)
Tetanus booster*(dT) or (TdaP)
Mumps, measles, rubella*(MMR)
Polio*(IPV)
Haemophilus influenzae type B (HIB)
Pneumococcal (PCV)
Hepatitis B
Hepatitis A
Varicella
Had chicken pox
Date:
Meningococcal meningitis (MCV4)
Tuberculosis (TB) test Date: Date: Negative: Positive

I have reviewed the above camper's health history, and have discussed the camp program with the camper's parent(s)/guardian(s).

It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above)

Name of Licensed Medical Personnel

(please print) _____

Signature

Title _____

Office Address

Phone _____

Date _____