Camp Heart Connection – Camper Health Evaluation

ALL forms, for both Oncology Camp and Sibling Camp, are due by **May 15th**.
If additional space is needed, please attach additional forms.

I have examined (name): ________________________________ Date examines: _____________ DOB: _____________ Age: ________
Last First (Must be within the last 12 months)

In my opinion, the child SHOULD | SHOULD NOT **(circle one)** participate in an active camp program, except for the following restrictions:
____
____

Immunizations records for patient are attached ______ Immunization records for patient will be attached at a later date ______

This applicant is under the care of a physician for the following medical condition(s): ______________________________
____
____

Current treatment (protocol) at time of this report (including all prescription and over-the-counter medications): _______________
____
____

Further explanation of any medical conditions: ____
____

Medical devices present (g-tube, shunt, port): ____
____

Allergies:
____

Height: _______ Weight: _______ lbs / kg Temp: _______ Pulse: _______ Resp: _______ Blood Pressure: _______ Date: _______

Exam Findings	Normal	Abnormal
1. Appearance		
2. Eyes/Ears/Nose/Throat		
3. Mouth & Teeth		
4. Neck		
5. Lymph Nodes		
6. Heart		
7. Pulses		
8. Chest & Lungs		
9. Abdomen		
10. Skin		
11. Musculoskeletal – ROM		
12. Neurological		

Comments regarding abnormal findings: ____
____

Recommendation and Restrictions while at Camp: ____
____

Additional activities to be encouraged or limited: ____
____

Additional health information: ____
____

Signature of Licensed Medical Personnel: ____
Printed Name: ____
Title: ____

Address: ____
Number & Street City Zip
Phone: (_________) ______________________ Fax: (________) ______________________
Date Form Completed: ______________________ *By: ______________________
*Initial if completing this form on physician's behalf
(Must be nurse of physician's assistant)

Mail to: Children's Cancer Connection – Camp Application
5701 Greendale Rd | Johnston, IA 50131
OR Email: camp@ccciowa.org | Call: 515-243-6239