



# Doctor's Health Form 2023

Please send this form **with immunization records:**

Mail to: Camp Squanto Nurse  
220 West Shore Road  
Swansey, NH 03446

Email to: [squanto@pilgrimpines.org](mailto:squanto@pilgrimpines.org)  
Fax to: (603)357-7660

If your doctor has a standard camp health form,  
you may use their form in place of this one.

## Part A: Parent/Guardian - Please complete this top section.

Camper Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on arrival at camp \_\_\_\_\_ Gender (please circle)  M / F

Dates will attend camp \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Part B: This part must be completed by certified and licensed medical personnel.

Physical exam done today  Yes  No (If No, date of last physical \_\_\_\_\_)

Weight \_\_\_\_\_ lbs Height \_\_\_\_\_ ft \_\_\_\_\_ in Blood Pressure \_\_\_\_\_ / \_\_\_\_\_  
Mo/Day/Year

This camper is undergoing treatment at this time for the following conditions: (describe below)

Medication:  No daily medications.  Will take the following prescribed medication(s) while at camp:  
(name, dose, frequency – describe below)

Do you feel that the camper will require limitations or restrictions to activity while at camp?  Yes  No  
If yes, what do you recommend? Describe below:

I have reviewed the camper's health history and have discussed the camp program with the camper's parent/guardian. 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 provider (please print): \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_