



Minnesota Elks Youth Camp Health Examination Form

To be completed by a licensed healthcare provider (eg. School Nurse, Physician, Physician's Assistant, RN, Nurse Practitioner,). Exam must be within 90 days of camp attendance.

Camper Information

Camper Name		Date of Birth	
Parent/Guardian Name		Phone Number	

Health History

Check all that apply Asthma Diabetes Seizures Heart Allergies Other

Allergies (including severity of)	
Activity Restrictions / Limitations	
Other Health Concerns	
Dietary Restrictions	

Medications

List all of the medications your child is required to take while at camp. Add additional pages as needed.

Name of Medication	Form	Dosage	Frequency	Reason for
<i>eg. Adderall</i>	<i>eg. Capsule, tablet, inhaler</i>	<i>eg. 5 mgs, 1 puff</i>	<i>1/day morning</i>	

Physical Examination

Height	Weight	Blood Pressure	Pulse

Immunizations Up to Date Yes No Exempt

Communicable Disease Statement At the time of this examination, the child shows no evidence of communicable disease that would prevent participation in youth camp activities. **True** **False**

Medical Clearance **Cleared** **Cleared w/ Restrictions** **Not Cleared**

Healthcare Provider Certification

Provider Name		Clinic / Practice	
Provider Signature		Date of Examination	
Phone			