

Bridges Summer Adventure Program
DOCTOR'S PHYSICAL EXAMINATION FORM

This form (**or its equivalent provided by Doctor's office**) must be completed by a qualified physician. Physician's signature is required. An examination performed by a physician within the preceding 13 months is acceptable. Examinations performed by your physician for school, sports or regular checkup in the last year will suffice. This completed and signed form **MUST** be submitted to the Community Education Office. **No student will be permitted to attend the program without a completed physical exam form on file in the office.** Thank you for your cooperation in the important matter.

Mail or deliver to: Summer Adventure, 39 Mass. Ave., Harvard, MA 01451.

Child's Name: _____

General Health: _____

Hearing: _____ Vision: _____

Blood Pressure: _____ Coordination and Motor Skills: _____

Allergies to Medication: _____

Comments, special problems, restrictions, allergies, etc. _____

IMMUNIZATION RECORD: PLEASE LIST DATES:

DPT #1 _____ #2 _____ #3 _____ #4 _____

Tetanus #1 _____ #2 _____ #3 _____ #4 _____

Oral Polio (Sabin) #1 _____ #2 _____ #3 _____ #4 _____

Polio (Salk) #1 _____ #2 _____ #3 _____ #4 _____

Measles _____ Mumps _____ Rubella _____ Tuberculin Test _____ Results _____

DISEASE AND HISTORY (PLEASE LIST DATES)

Measles _____ Chicken Pox _____

Mumps _____ Scarlet Fever _____

Pneumonia _____ T.B. _____

PHYSICIAN'S CERTIFICATION OF MEDICAL EXAMINATION

I have examined the above named child and found him/her free from infectious or contagious disease. He/she may attend camp and may physically participate in all activities (unless otherwise marked above).

Physician's Name: _____

Signature: _____ Date: _____