

紐澤西 中美文化協會 夏令營
CACA CHINESE CULTURE CAMP

健康檢查表 Health Record

The upper part to be filled in by parent/guardian of minors or by adult campers/staff members themselves.

Name: _____ Date of Birth: ____/____/____ Sex: ____
First Middle Initial Last Month Day Year

Father/Guardian: _____ Mother: _____

Address: _____

Phone: (Home) _____ (Work) _____
Father/Guardian Mother

Emergency Contact (please give name, address and daytime phone of two persons other than parent/guardian)

Name: _____ Name: _____

Address: _____ Address: _____

Daytime Phone: _____ Daytime Phone: _____

● Past Medical History (check and give dates)

Asthma _____ Diabetes _____ Mononucleosis _____

Bleeding disorder _____ Heart disease _____ Psychiatric treatment _____

Chicken pox _____ Hypertension _____ Recurrent ear infection _____

Convulsions _____ Kidney disease _____ Others _____

Past surgical history: _____ Family medical history: _____ Allergies: _____

Physician: _____ Phone: _____ Dentist: _____ Phone: _____

● Immunization Records (dates)

DPT _____ Measles _____

HIB _____ Mumps _____

OPV _____ Rubella _____

Hepatitis B _____ Tuberculin test: _____ result: _____

● Physical Examination by Licensed Physician:

Ht. _____ Wt. _____ B.P. _____ P _____ T _____

HEENT _____ Lungs _____ Heart _____ Abd _____ Back _____ Ext _____ Neuro _____

I have examined the person herein described and have reviewed his/her medical history.

He/She is ____ is not ____ with restrictions ____ to participate in camp activities.

Medication or special diet while in the camp _____

Licensed Physician's signature _____ Phone _____

Address (Please print) _____

Date of Examination _____ Date of Form Completion _____