2017 NYSP Health History Form & Physical Exam Form

Medical/Physical Examination Record (intended for WVU NYSP participation only)

This information is kept confidential and only made available to necessary camp administrative personnel and medical personnel when it is needed.

Camper's Name:				
	First	Middle	Last	
Male ☐ Female ☐	l/_	/		
	Date of Birth	Age		
Address:				
Stree	et	City		State Zip
Family Doctor:		Telephone:		
Heath History:				
Does your child have describe and list med	-	alth issues requiring medic	ations? Yes 🗆	No ☐ If yes, briefly
additional support th	at may be need			
*There are addition	al forms that wi	Il need to be completed fo	or disabilities req	uesting extra support.
Does your child have additional support th	-	ergies? Yes 🗆 No 🗆 If y	yes, briefly descr	ibe allergy and any
*Does your child have needs and any addition	-	edical dietary needs? Yes at may be needed.	□ No □ If yes	s, briefly describe dietar
*There are additional	ll forms that wil	I need to be completed if	requesting speci	al dietary needs.