

2018 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 ____/____/____
Date of Birth Age

Address: _____
Street City State Zip

Family Doctor: _____ Telephone: _____

Heath History:

Does your child have any known health issues requiring medications? Yes No If yes, briefly describe and list medication(s) taken.

*Does your child have any known disabilities? Yes No If yes, briefly describe disability and any additional support that may be needed.

*There are additional forms that will need to be completed for disabilities requesting extra support.

Does your child have any known allergies? Yes No If yes, briefly describe allergy and any additional support that may be needed.

*Does your child have any known medical dietary needs? Yes No If yes, briefly describe dietary needs and any additional support that may be needed.

*There are additional forms that will need to be completed if requesting special dietary needs.