



Hampton Racquet Physical Examination & Immunization Record

Dear Parent or Guardian:

The Suffolk County Dept. of Health requires that we have the information below on file for each Hampton Racquet camper. Kindly forward this form to your child's physician and have him/her complete and return the form to us at the address below as quickly as possible. Your doctor may choose to substitute his/her own appropriate form, but no camper can be allowed to participate in summer camp without having supplied these records.

Thank you in advance for your cooperation.

Camper's Full Name _____

Birthdate _____

Address _____

Height: Feet/Inches _____ Weight _____ Posture _____

Condition Of: Skin _____ Ears _____ Nose _____

Throat _____ Tonsils _____ Thyroid _____

Heart _____ Pulse _____ BP _____

Teeth _____ Eyes: Right _____ Left _____ Glasses _____

Nervous System _____

Laboratory: Hemoglobin _____

Urinalysis: Albumin _____ Sugar _____

Allergic Conditions: Hay Fever _____ Asthma _____

Drug Allergies _____

Food Allergies _____

Immunizations: (Please give dates)

DPT 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Sabin Polio 1. _____ 2. _____ 3. _____ 4. _____

Measles 1. _____ 2. _____

Mumps 1. _____

Rubella 1. _____

MMR 1. _____ 2. _____

HIB 1. _____

Haemophilus Influenza Type B _____ Hepatitis B _____ Varicella (chicken pox) _____

Tuberculin Test: (within last 12 months)

Date _____ Results _____

Does the camper have any temporary or permanent physical, emotional or health problem about which the camp should be informed?

Is the camper currently under any medical treatment? _____ If yes, please specify:

Is the camper currently on medication? _____ If yes, please specify:

Please list any other information you may have that may be of use to the camp:

Physician's Signature _____ M.D.

Address: _____

Telephone: _____