

**TEXAS ELKS CAMP  
HEALTH EVALUATION/EXAMINATION FORM  
(FORM DATE: 2020)**

The Medical Evaluation must be completed by a licensed medical examiner and can be based on an examination done **no more than 12 months prior to camp.**

Camper Name: \_\_\_\_\_ Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Date of Medical Evaluation: \_\_\_\_\_ Date of last physical examination: \_\_\_\_\_  
**(No more than 12 months prior to attending camp)**

Current list of all diagnoses: \_\_\_\_\_  
\_\_\_\_\_

Any treatment to be continued at camp: \_\_\_\_\_

Any reported loss of consciousness, convulsion, or concussions: (explain) \_\_\_\_\_  
\_\_\_\_\_

Any medication to be administered at camp: \_\_\_\_\_  
\_\_\_\_\_

Can camper take Tylenol? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any medically prescribed meal plan or dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_

Any Allergies (food, drug, plants, insects, etc.): \_\_\_\_\_

Treatment for allergic response: \_\_\_\_\_

Activities limited: \_\_\_\_\_

Additional Health Information: \_\_\_\_\_  
\_\_\_\_\_

Atlantoaxial Dislocation Condition: This camper \_\_\_\_\_ **has** \_\_\_\_\_ **does not have** Down's Syndrome. A.D.C. has been checked for by x-ray and has been ruled out, enabling this child to safely participate in physical activities.

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**APPROVAL**

**This application will be considered "unable to process" if this section is not completed with the requested information provided by the licensed medical examiner.**

I approve camping activities with supervised participation in physical activities to include but not limited to swimming, walking, dancing and non-contact sports. Any necessary limitations in activities have been listed in the provided area above on this examination form.

EXAMINER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

PRINT EXAMINER'S NAME \_\_\_\_\_