



# TEXAS ELKS CAMP

## Texas Elks Camp Staff Physical Examination Form *(please complete in English)*

- As a condition for employment with Texas Elks Camp, you must **SUCCESSFULLY** pass a physical examination to determine that you are in good health and able to participate in all physical activities throughout the duration of the summer. The Physical date must be no earlier than 12/01/2020.
- **MUST** attach a copy of current shot records with this document.
- I hereby give consent to have further information that is requested by Texas Elks Camp released by the Physician who examined me.
- I certify that my responses above are complete and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**TO BE COMPLETED BY PHYSICIAN: (MUST BE PERFORMED BY A LICENSED PHYSICIAN OR PHYSICIAN ASSISTANT).**

Name: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Height: \_\_\_\_\_ Temp: \_\_\_\_\_ Weight \_\_\_\_\_

Pulse: \_\_\_\_\_ B/P: \_\_\_\_\_ Resp: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications/Dosages: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Date of last TB Test: \_\_\_\_\_

Date of Hep B: \_\_\_\_\_

List all Physical Limitations:

\_\_\_\_\_

\_\_\_\_\_

SYSTEM	NORMAL	ABNORMAL	COMMENTS (for all abnormal findings)
Skin			
Eyes			
Ears			
Nose			
Throat/Dental			
Cardiovascular/Heart			
Respiratory/Lungs			
Gastro Intestinal			
Genito-Urinary			
Neurological			
Musculoskeletal			
Mental Health			
Communicable Diseases			

I hereby certify that I have examined the above applicant and the information above is a complete and accurate assessment of my examination. I hereby state that this employee is free and clear to participate in all camp activities with no restrictions. The patient is able to perform the job functions in which he/she is applying for.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date