



# TEXAS ELKS CAMP

## HEALTH EVALUATION/EXAMINATION FORM (Form Date: 2019)

The Medical Evaluation should be completed by a licensed medical examiner and can be based on an examination done no more that 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 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 (provide medical order for administration): \_\_\_\_\_

Can Camper take Tylenol? \_\_\_\_\_

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

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

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

Activities encouraged: \_\_\_\_\_

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

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

Atlantoaxial Dislocation Condition: This camper \_\_\_\_\_ **has** \_\_\_\_\_ **does not have** Down 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.

### APPROVAL

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

I approve camping activities with supervised participation in physical activities to include but not limited to swimming, bowling, 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 \_\_\_\_\_