

Camper Application and Physical Exam Form

~Camp No Worries~

Camper's Name _____ Date of Birth _____

Medical Diagnosis (site of primary tumor) _____

Date of Diagnosis _____ Current Treatment Protocol Regimen _____
 Date off therapy _____ Phase: _____
 Central line / Type _____

Allergies: _____ Date and Site of last Radiation therapy: _____

Recent intercurrent illnesses/surgeries: _____

Describe any physical disability and/or physical limitations: _____

Immunizations: A copy of the camper's immunizations **MUST** accompany the application.
 No camper will be permitted to attend without completion of this information.

Has your child ever had chickenpox? Y N
 Has your child received the chickenpox vaccine? Y N

Describe any information that might be of use in helping your child to have an excellent camp experience.
 Please list any fears, problems, strengths, etc. that might be important.

Date and type of most recent chemotherapy: _____

Current medications:

	Name of Drug	Frequency	How Given?
1			
2			
3			
4			
5			
6			

Date: ____/____/____

PHYSICAL EXAMINATION : Describe if Abnormal

PHYSICAL LIMITATIONS AND RESTRICTIONS:

Ht (cm)	BP	Pulse
Wt (kg)	Temp	

PLEASE BE AS SPECIFIC AS POSSIBLE

	Normal	Abnormal
General appr		
Skin		
Eyes		
Ears/Nose		
Mouth/Teeth		
Thyroid		
Lymph Nodes		
Heart		
Lungs		
Abd		
Liver		
Spleen		
Musc/Skel		
Neuro		
GU:		
Other:		

Walking:

Jumping:

Most Recent Blood Count:

Date: ____/____/____

H/H	/
WBC/Plt	/
Segs/ Bands	/
Lymphs, Atyp	/
Monos/Eos/Baso	/ /
MCV/Retics	/
ANC	

Climbing:

Swimming:

Any Other Important Labs:

Any other physical restrictions or limitations:

Current Treatment Summary:
Forms should be hand-carried by the camper/participant and should reflect any last minute changes in counts and medications before arriving at camp.

DOCTOR'S STATEMENT

I have examined _____ who is physically able to engage in camp activities, except for physical limitations and restrictions listed on opposite page.

Physician or PNP's Signature

Typed or Printed Name

Address: VNJ Section Pediatric Hematology/Oncology
CHOP
1012 Laurel Oak Road
Voorhees, NJ 08043
phone: 856-435-7502

Other Address:

phone: ()

Forms should be returned to:
Camper Recruitment
Camp No Worries
59 Centerton Road
Mt. Laurel, NJ 08054

Form Due Date: _____

