

DIABETES YOUTH FOUNDATION OF INDIANA **CAMP HEALTH FORM**

PART B: PRE-PARTICIPATION PHYSICAL

Completed by Primary Care Provider

Camper's Full Name _____ Date of Birth ____ / ____ / ____

Date of Physical: _____ (Must be within last 12 months)

Height (in.): _____ Weight (lbs.): _____ BP: _____ / _____

	Normal	Abnormal	Please explain any abnormalities:
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LUNGS	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEART	<input type="checkbox"/>	<input type="checkbox"/>	_____
ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	_____
MUSCULOSKELETAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
NEUROLOGICAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SKIN	<input type="checkbox"/>	<input type="checkbox"/>	_____
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does patient have a history of asthma? YES NO *If yes, please attach current Asthma Action Plan*

Does patient have a history of allergies requiring epinephrine? NO YES (Please explain)

I have reviewed and agree with Part A: Health History? NO YES (with the following exceptions/additions:)

Are there any medical restrictions to participation at camp? NO YES (Please explain)

During the child's stay at camp, his/her diabetes will be monitored by medical staff. We will seek diabetes history from his/her endocrinologist, however if you have any concerns/comments regarding the child's diabetes, please note these below:

I approve of this child attending Camp Until a Cure. YES NO

Provider Signature: _____

Provider's Printed Name: _____

Address: _____

Phone: _____ Fax: _____

Completed forms can be emailed to:
DYFamily@gmail.com
or Faxed to: **317-877-1846**
or Mailed to:
DYFI, 5050 E. 211th St.
Noblesville, IN 46060

This form must be completed and returned for camper acceptance.