

**2009 AKA Day Camp Medical Form**  
(To be completed by physician)

Medical History For \_\_\_\_\_ DOB: \_\_\_\_\_

Vaccines	Month/Year of Immunization	Month/Year of Booster
Diphtheria Pertussis (Whooping Cough) DPT Tetanus		
Tetanus Diphtheria		
Tetanus		
Oral Polio (Sabin)		
Injectable Polio (Salk)		
Measles (Hard measles, red measles, Rubeola)		
Tuberculin Test given (most recent)		
Haemophilus Influenza b (HIB)		
Hepatitis B		
Varicella		

**Recommendations/Restrictions**

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

Medication to be administered (include specific doses): \_\_\_\_\_

Restricted activities: \_\_\_\_\_

Additional health information: \_\_\_\_\_

Other physical/emotional limitations: \_\_\_\_\_

**Physician's Statement of Condition/Treatment:**

Date of last physical examination: \_\_\_\_\_

This child is under the care of a physician for: \_\_\_\_\_

Current treatment, including medications: \_\_\_\_\_

Child has:   Epilepsy       Yes/No  
              Diabetes        Yes/No  
              Asthma            Yes/No

<b>In my opinion, the child's condition does allow/does not allow (please circle one) full participation in the day camp program.</b>	
Signature of Physician _____	Print Name _____
Date _____	Phone# _____

Please return to: AKA Summer Camp 112 Crawley Falls Road, Brentwood, NH, 03833 Fax: 603-642-9211  
We can also accept the generic form provided by many physicians in lieu of side one.

This document contains two pages. Page two is to be completed by the child's parent/guardian