## 紐澤西 中美文化協會 夏令營 CACA CHINESE CULTURE CAMP

## 健康檢查表 Health Record

The upper part to be filled in by parent/guardian of minors or by adult campers/staff members themselves. Name: Middle Initial Father/Guardian: Mother: Address: Phone: (Home) (Work) Father/Guardian Emergency Contact (please give name, address and daytime phone of two persons other than parent/guardian) \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_ Daytime Phone: Daytime Phone: Past Medical History (check and give dates) Asthma Mononucleosis Diabetes Bleeding disorder \_\_\_\_\_ Heart disease \_\_\_\_\_ Psychiatric treatment Chicken pox Hypertension Recurrent ear infection \_\_\_\_\_ Convulsions Kidney disease \_\_\_\_\_ Others Past surgical history: \_\_\_\_\_ Family medical history: \_\_\_\_\_ Allergies: Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Immunization Records (dates) Measles \_\_\_\_\_ \_\_\_ Mumps \_\_\_\_\_ \_\_ Rubella \_\_\_\_\_ Tuberculin test: \_\_\_\_\_\_ result: \_\_\_\_\_ Hepatitis B \_\_\_\_\_\_ Physical Examination by Licensed Physician: \_\_\_\_\_ Wt. \_\_\_\_\_ B.P. \_\_\_\_\_ P \_\_\_\_\_ T \_\_\_\_\_ T HEENT Lungs Heart Abd Back Ext Neuro I have examined the person herein described and have reviewed his/her medical history. He/She is \_\_\_\_\_ is not \_\_\_\_ with restrictions \_\_\_\_ to participate in camp activities. Medication or special diet while in the camp \_\_\_\_\_ Licensed Physician's signature \_\_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_ Address (Please print) Date of Examination \_\_\_\_\_\_ Date of Form Completion\_\_\_\_\_