



Mar-Lu-Ridge Physical Examination Form

Camper Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Physical Examination To be completed by a licensed healthcare provider

1. Does the patient have any medical conditions that MLR Staff should be aware of?

2. Does the patient have any drug, food or environmental allergies? No Yes, please list:

If so, does the patient require an EpiPen® or other medication for accidental exposure? No Yes, please list: _____

Complete a Maryland State Medication Administration Authorization Form for each medication

3. Are all patient immunizations up to date? Yes No, the following immunizations are not in compliance with State of Maryland requirements (please also list reason why):

Date of last Tetanus-containing vaccine: _____

4. Current scheduled or PRN medications to be taken while at camp None Listed below:

Medication	Indication	Dose & Frequency

Complete a Maryland State Medication Administration Authorization Form for each medication, except for the following OTC Meds: Acetaminophen, Ibuprofen, Benadryl, Tums, Anti-Itch Lotion, and Triple-Antibiotic Ointment which are currently covered under standing orders by our camp physician.

5. Additional comments impacting the patient's camp experience:

6. I have examined the patient listed above within the past 24 months and judge that they are:

- Cleared for camp without restriction
- Cleared for camp with the following restrictions:

Licensed Healthcare Provider Signature: _____ **Date:** _____

Address and Phone Number or Practice Stamp:
