



Mar-Lu-Ridge Physical Examination Form

Mail to: Mar-Lu-Ridge, 3200 Mar-Lu-Ridge Rd., Jefferson, MD 21755 1-800-238-9974 Fax: 301-874-5545

Camper Name: _____ Date of Birth: _____ Height: _____ Weight: _____

Physical Examination

To be completed by a licensed healthcare provider

ACA guidelines require that exams and forms be completed within 12 MONTHS prior to your camp session. A copy of the camper's immunization record is also required.

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:

Medication must be listed on Maryland State Medication Administration Authorization Form

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 and list 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 12 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:
