UMass Lowell RecKids Summer Camp
Medical Report Form

Camper's Name: _____ _____ Sex: _____ Age: _____
(Last) **(First)**

Height: _____ Weight: _____

Medical History (please check for "yes")
German Measles ☐
Measles ☐
Mumps ☐
Scarlet Fever ☐
Chicken Pox ☐
Diabetes ☐
Pneumonia ☐
Other: _____

Immunization History	**Mo./Yr.**
Small Pox Vaccine	_____
Diphtheria	_____
Tetanus Toxoid	_____
Polio Vaccine	_____
Tuberculin Test	_____
Measles	_____

Allergy History	**Yes/No**
Hay Fever	☐ ☐
Asthma	☐ ☐
Eczema	☐ ☐
Hives	☐ ☐
Insect Stings	☐ ☐

Drug Reactions	**Yes/No**
Sulpha	☐ ☐
Penicillin	☐ ☐
Antibiotic	☐ ☐

Other_____
_____

If medication will be taken during camp, indicate name of drug and dosage:
_____

Please list any pertinent medical information we should have regarding past injuries, past medical history, or suggested physical limitations relating directly to the participant's ability to participate in the camp for six or more hours per day:
_____
(Attach additional sheets if necessary)

I certify the above-named individual is able to participate fully in the above-named activity, based on physical examination within 12 months prior to start of camp date.

_____ _____
(Signature of Physician) **(Date)**

_____ _____ _____ _____
(Street Address) **(City)** **(State)** **(Zip)**