

Name _____

MEDICAL EXAMINATION - Side B

(*State of Colorado Children's Camp Regulations, Program Area VII, 7.7 11.41C)

VI. HEALTH EXAMINATION

Physician: _____
 The applicant will be participating in a strenuous activity that will include one or more of the following conditions; athletic competition, adventure challenge or wilderness expedition (afoot or afloat) that may include high altitude, extreme weather conditions, cold water exposure, fatigue and/or remote conditions where readily available medical care cannot be assured.

- Please insist applicant furnish complete medical history (V before exam)
- Review immunizations: for youth (under 18) tetanus and diphtheria toxoids, measles, mumps, and rubella vaccines, and inavalent oral polio vaccine are required, adults are required to have tetanus booster within 10 years.
- After completing section VI summarize any restrictions and/or recommendations in sections M and VII and sign.

Date _____	VISION _____	HEARING _____
Ht. _____ Wt. _____	Normal _____	Normal _____
B.P. ____/____ Pulse _____	Glasses _____	Abnormal _____
	Contacts _____	

Check box if normal, circle if abnormal and give details below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Growth development | <input type="checkbox"/> Teeth, tonsils | <input type="checkbox"/> Genitourinary |
| <input type="checkbox"/> Skin, gland, hair | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Skeletomuscular |
| <input type="checkbox"/> Head, neck, thyroid | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Neuropsychiatric |
| <input type="checkbox"/> Eyes, ears, nose | <input type="checkbox"/> Abdomen, hernia, rings | |
| <input type="checkbox"/> Other (specify) | | |

COMMENTS _____

LABORATORY: Urinalysis (Dip stick) Albumin _____ Sugar _____

VII. PHYSICIAN'S EVALUATION AND ADVICE:

Approved for participation in:

- | | |
|---|---|
| <input type="checkbox"/> Hiking and Camping | <input type="checkbox"/> Water Activities |
| <input type="checkbox"/> Competitive Sports | <input type="checkbox"/> All Activities |

Specify Exceptions: _____

Recommendations: (explain any restrictions OR limitations) _____

VIII. AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

The BSA Health Supervisor is authorized to administer the following medication: _____

Name of medicine: _____

Date Prescribed _____

Directions for Usage _____

All medicine must be in original container and labeled with name, unit number and campsite.

IX. PHYSICIAN'S NAME AND ADDRESS

Personal Physician _____

Address _____

City/State/Zip _____

24 hour telephone _____

X. PHYSICIAN'S SIGNATURE: (Certifying sections VI, VII & VIII)

Signed _____

Date _____

In addition to examinations conducted by medical doctors and doctors of osteopathy, examinations by registered nurse practitioners will be recognized.

ADULT LEADERS MUST COMPLETE SECTIONS BELOW

Colorado Department of Human Services, Minimum Rules and Regulations for Children's Camps
 General Requirement for all Personnel 7.711.21D & General Rules 7.701.53A

UNDERSTANDING OF CHILD ABUSE

Child Abuse consists of a wide variety of different problems. Usually these are categorized as physical abuse, emotional abuse, sexual abuse, and neglect. Physical abuse is the injury of the child by other than accidental means. Emotional abuse is the constant belittling, criticizing, yelling at, and verbal tearing down of the child. Sexual abuse is any sexual activity between a child and an adult, or sexual activity involving children in which the age, size, or other power factors between the participants is unequal. Child neglect is failure to provide necessary nurturance when resources are available to do so. My signature below signifies that I understand what child abuse is, and that I am to report to my supervisor, or the Camp Director, any known or suspected instances of child abuse while serving at summer camp.

 DATE _____

CHARACTER REFERENCE

This section is to be completed by an individual who knows the adult leader, and who can provide a frank evaluation of the adult leader's suitability in working with children in a week-long camp.

CIRCLE THE WORD THAT BEST DESCRIBES THE ADULT LEADER

ATTITUDE:	Enthusiastic	Positive	Acceptable	Negative
COMMON SENSE:	Always Sound	Usually Sound	Needs Direction	None
INTEGRITY:	Trustworthy	Usually Reliable	Lacking	Can Not Trust

WOULD YOU ENTRUST THE CARE OF YOUR CHILDREN TO THIS PERSON?	YES	NO
I RECOMMEND THIS PERSON AS AN ADULT LEADER?	YES	NO

SIGNATURE: _____ DATE: _____

PRINT YOUR NAME: _____ TELEPHONE: _____

A photo copy of this form is permitted.
 This form will NOT be returned. Please make a copy prior to submission.