

2020 CAMP HERTKO HOLLOW CAMPER PHYSICAL

(This form must be completed by the camper's primary physician or endocrinologist and returned to the Camp Hertko Hollow office no later than 6/15/2020)

Camper's name: _____ Male _____ Female _____

Birth date: _____ Age: _____ Date of exam: _____

Home phone: _____ Most recent hemoglobin A1C: _____

MEDICAL CONDITIONS

List ALL medical conditions (including type 1 or type 2 Diabetes), Thyroid, Seizure disorder, Asthma, Celiac disease, etc. (please specify):

BEHAVIORAL DISORDERS

List ALL behavioral disorders including Hyperactivity, Oppositional behavior, Eating disorders, Depression, etc. (please specify):

HOSPITALIZATIONS

List ALL hospitalization in the past year including Ketoacidosis, Hypoglycemia, Depression, Suicide, Eating disorder, Surgeries, etc. (please specify):

MEDICATIONS

Include ALL medications including diabetes medications/insulin, prescriptions, and over the counter medications:

ALLERGIES

Please list any allergies including food, medications, bee stings, etc.:

Do you require an Epi Pen for any allergy? Yes, ___ No ___ What allergy? _____

PHYSICAL EXAM

Height _____ Weight _____ Blood Pressure: _____

Check the following if normal: Fundoscopic Exam _____ Fingertips _____ Thyroid _____
Skin _____ Heart _____ Abdomen _____ Feet _____ Lungs _____

Comment if abnormal: _____

- Is this camper able to participate in all camp activities? (circle one): YES NO
- List any physical limitations: _____

I have examined the above camper and identified any current medical problems to the best of my knowledge.

Physician's Name _____ Office Phone: (_____) _____

Address: _____ City _____ State _____ Zip _____

Physician's Signature: _____ Date: _____

Email, fax or mail completed form before June 15, 2020 to:

CAMP HERTKO HOLLOW
4200 University Ave Ste 320
West Des Moines, IA 50266

Email: d.holwegner@camphertkohollow.com **FAX number:** 515-288-2531