



**FRIENDS ACADEMY SUMMER CAMPS**  
**DUCK POND ROAD**  
**LOCUST VALLEY, NY 11560**  
**TEL: (516) 393-4207 FAX: (516) 465-1720**



**CAMPER HEALTH HISTORY AND IMMUNIZATION FORM**

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Physician: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight : \_\_\_\_\_ BP: \_\_\_\_\_

A complete physical examination of this patient was performed on the above date. The patient was found to be in good health with the following exceptions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pertinent Medical History: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Scoliosis: Yes \_\_\_ No \_\_\_

IMMUNIZATION	DATE	DATE	DATE	DATE
CHXVAX				
DTAP				
DTP				
ACTHIB				
HEP B				
IPOL				
MMR				
CPV				
PPD				

We certify the above immunization record: \_\_\_\_\_