



Charles River Rowing Camps  
Record of Physician's Medical Examination

Camper's Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Immunizations	Primary Series			Boosters			Reactions
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>				
DTP							
Polio							
HIB							
Hep B							
Varicella							
MMR							
PPD							
Influenza							
Lead							

(Name: ) \_\_\_\_\_ was examined by me on (Date : ) \_\_\_\_\_

In accordance with standards of the American Academy of Pediatrics.

Examination revealed the following:

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ BP: \_\_\_\_\_ Visual Acuity: \_\_\_\_\_

Illness/Conditions: \_\_\_\_\_

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

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

Deviations from normal: \_\_\_\_\_

There are no apparent contraindications to full participation in routine or competitive school or camp activities except as noted in the following comments:

\_\_\_\_\_

Physician's Signature \_\_\_\_\_, M.D. Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

By their signature, the camper's parents declare that he/she has experienced no significant medical problems since the date of the most recent physical exam:

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_