



#### MEDICAL INFORMATION

CAMPERS MUST HAVE THEIR OWN MEDICAL INSURANCE (AS PRIMARY COVERAGE) TO ATTEND THIS CAMP!!!! Campers who fail to provide proof of coverage will not be allowed to participate.

Camp physical is required, including doctor's signature. You **MUST** have your parents or legal guardian sign and submit the wavier/ release from liability statement, included with application.

Local hospitals can treat any emergency. Defensive Minds Football Camp Staff will notify parent(s)/ legal guardian in all emergency situations.

Please fill out the Medical Release Form attached.



## CAMP HEALTH FORM

This form must be completed in FULL, including signature of physician, and brought to check-in. Faxed or mailed copies will not be accepted. A copy of a camper's school physical, may be substituted in lieu of this form if the physical was performed within 12 months prior to the camp start date. Campers will not be allowed to participate without both Parental Release and Health forms completed in full.

History \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grade \_\_\_\_\_

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Have you ever been hospitalized?.....  | Yes | No |
| 2.  | Are you presently taking any medications or pills?.....  | Yes | No |
| 3.  | Do you have any allergies (medicine, bees or other stinging insects)?.....   | Yes | No |
| 4.  | Have you ever passed out during or after exercise?.....  | Yes | No |
| 5.  | Have you ever been dizzy during or after exercise?.....  | Yes | No |
| 6.  | Have you ever had chest pain during or after exercise?.....  | Yes | No |
| 7.  | Have you ever had high blood pressure?.....  | Yes | No |
| 8.  | Have you ever been told you have a heart murmur?.....  | Yes | No |
| 9.  | Do you have skin problem (itching, rashes)? .....  | Yes | No |
| 10. | Have you had a head injury?.....   | Yes | No |
| 11. | Have you ever been knocked out or unconscious? .....   | Yes | No |
| 12. | Have you ever had a seizure? .....   | Yes | No |
| 13. | Have you ever had heat or muscle cramps?.....  | Yes | No |
| 14. | Have you ever been dizzy or passed out in the heat? .....  | Yes | No |
| 15. | Do you have trouble breathing or do you cough during or after activity?.....   | Yes | No |
| 16. | Do you use any special equipment (pads, braces, neck roll)? .....  | Yes | No |
| 17. | Have you had a medical problem or injury since your last evaluation?.....  | Yes | No |
| 18. | Have you ever sprained/strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints? ..... | Yes | No |

Explain "YES" answers:

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I hereby state that, to best of my knowledge, my answers to above questions are correct.

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/ Legal guardian \_\_\_\_\_ Date \_\_\_\_\_



# CAMP HEALTH FORM CON'T.

## Physical Examination

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_ / \_\_\_\_ Pulse \_\_\_\_\_

Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected Y or N

	Normal	Abnormal Findings
Cardiovascular		
Pulses		
Heart		
Lungs		
Skin		
E. N. T.		
Abdominal		
Genitalia		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		



CAMP HEALTH FORM CON'T.

Clearance:

1. Cleared: YES \_\_\_\_ NO \_\_\_\_
2. Cleared after completing evaluation/ rehabilitation for: \_\_\_\_\_
3. Not Cleared for: \_\_\_\_\_

Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature of Physician: \_\_\_\_\_