



CAMPER HEALTH STATEMENT

(To be completed by physician or nurse practitioner)

Camper's Name _____

Date of Birth _____ Dates of Camp _____

This person is planning to attend a summer camp at a residential camp facility. State law requires that a camper have had a physical exam within the twelve months prior to camp. The camper is also required to furnish a current health history to the camp to aid in the treatment of any illnesses or injury that may occur. Your response to these questions will meet these requirements. **Current immunization records must be provided with this form at the time of registration. Campers without these records will not be permitted to register.**

I examined this individual on: _____

Heart _____ Blood Pressure _____

Known chronic conditions or other medical diagnoses (asthma, heart disease, diabetes, ADHD, etc.)

Treatment to be continued at camp:

Prescription or non-prescription medication required:

Known drug allergies:

Other known allergies:

Any medically prescribed meal plan or dietary restrictions:

Any precautions or restrictions to be observed in *active* camp life at high altitude:

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program except as noted above.

Physician/Nurse Practitioner Signature

Date

Address City State Zip

Phone (_____) _____

**** IMPORTANT ****

Colorado Law requires that camper immunization records be provided on the Colorado Department of Public Health Certificate ONLY!! This certificate is provided here for your convenience. If your student's immunizations are already recorded on a CDHS certificate, you need only make a copy for us. If your student's immunizations are recorded on a different certificate, you will need to transfer the information to the required certificate. Please be considerate and do this *before* you arrive at camp registration. We apologize for this inconvenience, but we are mandated to remain in compliance with the law.

COLORADO LAW REQUIRES IMMUNIZATION RECORDS BE PROVIDED TO THE CAMP

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT-CERTIFICATE OF IMMUNIZATION						
VACCINE		Enter date each immunization was given				
DTP/DTaP	Diphtheria- Tetanus-Pertussis (see footnote "c" below)					
Td/DT	Tetanus-Diphtheria					
OPV/IPV	Polio					
Hib	<i>Haemophilus influenzae</i> type b					Required for children < 5 yrs. of age. (see footnote "j" below)
Measles	Measles					Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements.
Mumps	Mumps					
Rubella	Rubella					Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio, and hepatitis B is acceptable. Attach written proof to this Certificate or record test results and dates in the boxes at left.
HB	Hepatitis B					
Varicella	Chickenpox					History of disease. Yes ___ year (optional) _____ (see footnote "e" below)
Other						

To the best of my knowledge, the person named above has received the above immunizations.

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

Vaccine	Level of School / Age of Student						
	Child Care 2-3 mos	Child Care 4-5 mos	Child Care 6-14 mos	Child Care 15-17 mos	Pre-school 18 mos-4 yrs	Grades K-12 5-18 yrs	College
Pertussis	1	2	3	3	4	5 b,+c	
Tetanus/Diphtheria	1	2	3	3	4	5 b,+d	
Polio e	1	2	2	2	3	4 f,+	
Measles/Mumps/Rubella e,g,+				1	1	2h	2 h,1
<i>Haemophilus influenzae</i> type b +	1	2	2	3/2/1 j	3/2/1 j		
Hepatitis B e,+	1	2	2	2	3	3k	
Varicella e,+					1 g	1 g	
Pneumococcal Conjugate a	Indefinitely suspended						

*If you are unable to complete this form due to personal or religious beliefs, please contact the camp for a waiver.