



brooklyn cultural adventures program

Physician's Examination

Patient: _____, _____
(Last) (First)

Address: _____

City/State/Zip _____

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Codes: V- Satisfactory X – Not Satisfactory O – Not examined

Height: _____ Weight: _____ Heart: _____ BP: _____

Hct/Hgb Test: _____ Urinalysis: _____

Eyes: _____ Ears: _____ Nose: _____ Throat: _____ Lungs: _____

Glasses: _____ Extremities: _____ Genitalia: _____ Abdomen: _____ Hernia: _____

Skin: _____ Posture: _____

Allergy (Please specify): _____

General Appraisal: _____

Is this person up to date on all routine childhood immunizations? Yes No

Date of last tetanus shot: _____

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP

Special Diet: _____

Current Medications: _____

Swimming/Diving: _____

Strenuous Activity: _____

Other: _____

I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

(Examining Physician) (Telephone)

(Date) (Address)



Mental Health Evaluation

Patient: _____,
(Last) (First)

Address: _____

City/State/Zip _____

As part of this child's application to camp, we would appreciate a written statement from you concerning the following:

- a) Any condition you are treating, with a brief summary of any treatment plan, including any medications
- b) Any behavior at camp that will indicate to our staff that the applicant needs a professional referral
- c) A recommendation for participation in our camp program

If medication has been prescribed as part of a treatment plan, please also provide:

- d) Certification that the applicant has been taking the same medication at the same dose for three months prior to camp attendance
- e) If (d) is not true, a detailed explanation for the change in medication

Please sign and date your statement and mail directly to:

**BCAP Registrar
789 Washington Ave
Brooklyn, NY 11238**

THANK YOU!