

**TEXAS ELKS CAMP
HEALTH EVALUATION/EXAMINATION FORM
(FORM DATE: 2021)**

The Medical Evaluation must be completed by a licensed medical examiner and can be based on an examination done **no more than 24 months prior to camp.**

Camper Name: _____ Current Height: _____ Current Weight: _____

Date of Medical Evaluation: _____ Date of last physical examination: _____
(No more than 24 months prior to attending camp)

Current list of all diagnoses: _____

Any treatment to be continued at camp: _____

Any reported loss of consciousness, convulsion, or concussions: (explain) _____

Any medication to be administered at camp: _____

Can camper take Tylenol? _____ Yes _____ No

Any medically prescribed meal plan or dietary restrictions: _____

Any Allergies (food, drug, plants, insects, etc.): _____

Treatment for allergic response: _____

Activities limited: _____

Additional Health Information: _____

Atlantoaxial Dislocation Condition: This camper _____ **has** _____ **does not have** Down's Syndrome. A.D.C. has been checked for by x-ray and has been ruled out, enabling this child to safely participate in physical activities.

APPROVAL

This application will be considered "unable to process" if this section is not completed with the requested information provided by the licensed medical examiner.

I approve camping activities with supervised participation in physical activities to include but not limited to swimming, walking, dancing and non-contact sports. Any necessary limitations in activities have been listed in the provided area above on this examination form.

EXAMINER'S SIGNATURE _____ DATE _____

ADDRESS _____

CITY & STATE _____ PHONE NUMBER (_____) _____

PRINT EXAMINER'S NAME _____