

# 紐澤西中美文化協會 / 中文學校文化夏令營 CACCA / CHINESE CULTURE CAMP

## 健康檢查表 Health Record

The upper part to be filled in by parent/guardian of minors or by adult campers/staff members themselves.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex: \_\_\_\_\_  
First Initial Last Month Day Year

Father/Guardian: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Father/Guardian Mother

Emergency Contact (please give name, address and daytime phone of two persons other than parent/guardian)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Past Medical History (check and give dates)

Asthma _____	Diabetes _____	Mononucleosis _____
Bleeding disorder _____	Heart disease _____	Psychiatric treatment _____
Chicken pox _____	Hypertension _____	Recurrent ear infection _____
Convulsions _____	Kidney disease _____	Others _____

Past surgical history: \_\_\_\_\_ Family medical history: \_\_\_\_\_ Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Immunization Records (dates)

DPT \_\_\_\_\_ Measles \_\_\_\_\_

HIB \_\_\_\_\_ Mumps \_\_\_\_\_

OPV \_\_\_\_\_ Rubella \_\_\_\_\_

Hepatitis B \_\_\_\_\_ Tuberculin test: \_\_\_\_\_ result: \_\_\_\_\_

Physical Examination by Licensed Physician:

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ B.P. \_\_\_\_\_ P \_\_\_\_\_ T \_\_\_\_\_

HEENT \_\_\_\_\_ Lungs \_\_\_\_\_ Heart \_\_\_\_\_ Abd \_\_\_\_\_ Back \_\_\_\_\_ Ext \_\_\_\_\_ Neuro \_\_\_\_\_

I have examined the person herein described and have reviewed his/her medical history.

He/She is \_\_\_\_\_ is not \_\_\_\_\_ with restrictions \_\_\_\_\_ to participate in camp activities.

Medication or special diet while in the camp \_\_\_\_\_

Licensed Physician's signature \_\_\_\_\_ Phone \_\_\_\_\_

Address (Please print) \_\_\_\_\_

**Date of Examination** \_\_\_\_\_ **Date of Form Completion** \_\_\_\_\_