



**Hampton Racquet Physical Examination & Immunization Record**

Dear Parent or Guardian:

The Suffolk County Dept. of Health requires that we have the information below on file for each Hampton Racquet camper. Kindly forward this form to your child’s physician and have him/her complete and return the form to us at the address below as quickly as possible. Your doctor may choose to substitute his/her own appropriate form, but no camper can be allowed to participate in summer camp without having supplied these records.

Thank you in advance for your cooperation.

Camper’s Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Height: Feet/Inches \_\_\_\_\_ Weight \_\_\_\_\_ Posture \_\_\_\_\_

Condition Of: Skin \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_

Throat \_\_\_\_\_ Tonsils \_\_\_\_\_ Thyroid \_\_\_\_\_

Heart \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_

Teeth \_\_\_\_\_ Eyes: Right \_\_\_\_\_ Left \_\_\_\_\_ Glasses \_\_\_\_\_

Nervous System \_\_\_\_\_

Laboratory: Hemoglobin \_\_\_\_\_

Urinalysis: Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

Allergic Conditions: Hay Fever \_\_\_\_\_ Asthma \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Immunizations: (Please give dates)

DPT 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Sabin Polio 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Measles 1. \_\_\_\_\_ 2. \_\_\_\_\_

Mumps 1. \_\_\_\_\_

Rubella 1. \_\_\_\_\_

MMR 1. \_\_\_\_\_ 2. \_\_\_\_\_

HIB 1. \_\_\_\_\_

Haemophilus Influenza Type B \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Varicella (chicken pox) \_\_\_\_\_

Tuberculin Test: (within last 12 months)

Date \_\_\_\_\_ Results \_\_\_\_\_

Does the camper have any temporary or permanent physical, emotional or health problem about which the camp should be informed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the camper currently under any medical treatment? \_\_\_\_\_ If yes, please specify:

\_\_\_\_\_

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Is the camper currently on medication? \_\_\_\_\_ If yes, please specify:

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Please list any other information you may have that may be of use to the camp:

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Physician's Signature \_\_\_\_\_ M.D.

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

Telephone: \_\_\_\_\_