



**BOUNCE**  
to build healthy families

# Physical Health Examination

2019 Summer Program

*This form must have been completed within the last two years by a licensed physician or registered nurse.  
Must use a separate form for each applicant.*

Name of Applicant (Child): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**General Information:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI% \_\_\_\_\_ Blood Pressure \_\_\_\_\_

**Immunization History:** (Attach a copy of vaccination records)

DPT \_\_\_\_\_ MMR \_\_\_\_\_ Heptavax (Hepatitis B) \_\_\_\_\_ Polio POV \_\_\_\_\_

Varicella (chicken pox) \_\_\_\_\_ Tetanus Booster \_\_\_\_\_

Tuberculin Test \_\_\_\_\_ High Risk \_\_\_\_\_ Low Risk \_\_\_\_\_

**TANNER Stage:** \_\_\_\_\_

Medical Condition	Yes	No	Specify	Medicine	Dosage
Allergy				EPI-Pen? Y/ N	
Asthma				Inhaler? Y/N	
Head Aches					
Diabetes				Insulin Pump/Coverage at Program?	
Cerebral Palsy					
Physical Handicaps					
Recent or Recovering Fractures					
ADD/ ADHD					
Autism					
Down Syndrome					
Seizures					
High/ Low Blood Pressure			Which one?		
Other Comments :					



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Special Diet / Food Allergies: \_\_\_\_\_

Medications (list all those currently taking): \_\_\_\_\_

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Specify, if any restrictions on physical activities (i.e. swimming, diving, running, sun exposure, climbing):

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## Physician Authorization

*I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in an active summer program.*

Signature of Examining Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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