



# MEDICAL EXAM

TO BE COMPLETED BY LICENSED HEALTHCARE PROVIDER  
 MUST BE WITHIN THE PAST 24 MONTHS  
 ATTACH EXTRA SHEET IF NEEDED  
**THE GREAT GLUTEN ESCAPE CAMP WILL NO LONGER  
 PROVIDE COPIES OF PREVIOUS YEARS FORMS**

Name of Camper – Last, First, Middle		Age	Sex	Date of Last Examination
Blood Pressure		Height	Weight	
<b>Eyes:</b>	<b>Without Glasses</b>		<b>With Glasses</b>	
	R: 20/____	L: 20/____	R: 20/____	L: 20/____
<b>CODE:</b> ✓ Satisfactory × Not Satisfactory ○ Not Examined				
____Ears	____Teeth	____Urinalysis*		
____Nose	____Lungs	____Musculoskeletal		
____Throat	____Heart	____HGB*		
____Abdomen	____Hernia	Hearing R____ L____		
**Tuberculin test (result) _____				
*Not Required				
**Not Required, recommended every 2-6 years				
Additional Comments/Recommendations/Instructions: _____				
_____				
<b>This person is in satisfactory condition and may engage in all usual activities except if noted above.</b>				

<b>THIS FORM MUST BE SIGNED BY LICENSED MEDICAL PERSONNEL</b>			
Practitioner's Signature		Print Name	Date
Street Address		City	State Zip Code
Phone: _____			