



**SPIRIT CAMP GENERAL  
MEDICAL EVALUATION**  
(To be completed by family physician by June 19, 2022)



Camper's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Last Exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Does individual have a history of seizures:  Yes  No

Date of last seizure: \_\_\_\_\_ Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Presently controlled:  Yes  No

Recent surgeries – (dates): \_\_\_\_\_

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

Is individual restricted from:  Swimming  Other

Special concerns/limitations: \_\_\_\_\_

Are immunizations up to date:  Yes  No

Need a copy of your child's immunizations from your family physician.

Date of last tetanus: \_\_\_\_\_

This should be administered if not up to date - kindergarten and every five years after that.

Does your child have any other medical or mental health concerns: \_\_\_\_\_

\_\_\_\_\_  
Physician (Printed)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

