



CAMP WAR EAGLE

2027 FORMULARIO DE EXAMEN FÍSICO

NOMBRE DEL CAMPISTA: _____

FECHA DE NACIMIENTO: _____

MEDICAMENTOS (PADRES/TUTORES: POR FAVOR LLENEN LA SECCIÓN DE MEDICAMENTOS)

Por favor enumere abajo cualquier medicamento que tomará su campista durante el campamento de una noche del Camp War Eagle. Adjunte las hojas adicionales que sea necesario. **Por favor, tenga en cuenta que NO se aceptan medicamentos de campistas en el campamento de día CWE, campamento móvil de día CWE, y/o OZONE.*

	Nombre del medicamento	Dosis	Veces tomadas (marque con un círculo todo lo que corresponda)	Razones por las que toma
<i>ejemplo</i>	<i>Claritin</i>	<i>10 mg</i>	Desayuno Almuerzo Cena Al acostarse <u>Según sea necesario</u>	<i>Alergia</i>
<u>1</u>			Desayuno Almuerzo Cena Al acostarse Según sea necesario	
<u>2</u>			Desayuno Almuerzo Cena Al acostarse Según sea necesario	
<u>3</u>			Desayuno Almuerzo Cena Al acostarse Según sea necesario	
<u>4</u>			Desayuno Almuerzo Cena Al acostarse Según sea necesario	

¿Hay algún medicamento de rutina que su hijo/a no vaya a tomar en el campamento de una noche? Si es fuera, por favor describa: _____

2027 CAMPER PHYSICAL EXAMINATION (FORMULARIO DE EXAMEN FÍSICO DEL CAMPISTA)

TO BE COMPLETED BY HEALTH PROVIDER (DEBERÁ LLENARLO EL PROVEEDOR DE SALUD)

This examination must be performed by a **certified and licensed physician (M.D., D.O.), nurse practitioner, or physician assistant within twenty-four (24) months of arrival** at Camp War Eagle. Examination for any purpose within this period is acceptable, however, the provider must complete and sign the Camp War Eagle Form.

School or athletic forms are not acceptable. Examination is for determining fitness to engage in strenuous activities.

Height _____ Weight _____ Blood Pressure _____

	ABNORMAL	NORMAL	EXPLAIN
Eyes/Glasses	☐	☐	
Ear/Nose/Throat	☐	☐	
Lungs	☐	☐	
Heart	☐	☐	
Abdomen/Hernia	☐	☐	
Dental	☐	☐	
Skin	☐	☐	
Posture (Spine)	☐	☐	
Muscular/Skeletal	☐	☐	
Other Extremities	☐	☐	
	YES	NO	EXPLAIN
Current ear tubes	☐	☐	
Diabetes/Arthritis/Cancer	☐	☐	
Surgical History	☐	☐	
Other Illness/Condition	☐	☐	
Cognitive, mental or emotional condition	☐	☐	
Dietary restrictions (not all requests can be met)	☐	☐	
Special health considerations	☐	☐	
Restrictions from swimming/diving	☐	☐	
Restrictions from strenuous activity	☐	☐	
Other restrictions	☐	☐	

Allergies: _____

Notes: _____

ESSENTIAL ELIGIBILITY CRITERIA OF A CAMP WAR EAGLE CAMPER

Among other things, a successful camper must be able to, above all, **function independently** (does not require one-on-one supervision) in a remote, rustic environment for a one-week to two-week time period **while living cooperatively with others**. Campers engage in activities both indoors (without air conditioning) and outdoors, on land and water in hot and humid conditions. Campers must be able to pay attention and follow instructions over a sustained period of time. The Camp War Eagle program is very active and physically challenging for campers. Daily activities include 1 hour of rigorous (often involving physical contact) team competition, and at least 3 hours of (mostly outdoor) group activities, some of which require physical stamina. Swimming can be in a lake with limited visibility and in a chlorinated pool. **If a camper has a seizure disorder or certain other chronic medical conditions, he/she must wear a life jacket.** If a chronic medical condition exists, the camper must be capable of **"self-management"**. A camper must be able to effectively interact in a group-based or community-living environment. If the camper appears to have any serious behavioral issues or special circumstances involving physical, psychological, social, or emotional impairments, the Camp Director should be notified of this **NOW**. If the camper has any health conditions or predispositions to health conditions which might place camper at a higher risk for severe illness upon exposure to or contracting a communicable disease, the Camp Director should be notified of this. Children who cannot live independently and cooperatively with other children or those who pose safety issues in our environment cannot be accepted.

I have reviewed the ESSENTIAL ELIGIBILITY CRITERIA OF A CAMP WAR EAGLE CAMPER and have examined this child. I have reviewed this child's health history as disclosed in the Health Card by the child's parent or legal guardian and otherwise, and agree the information is accurate, with my additional comments. Other than any restrictions noted on this form, in my opinion, this child is fully able to engage in camp activities.

★ EXAMINER SIGNATURE _____

★ DATE _____

PRINT NAME OF EXAMINER _____

PHONE _____ E-MAIL _____

Llené y envíe esta forma al Camp War Eagle

CAMP WAR EAGLE

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