

# 2010 Physical Examination

For girls spending three nights or more a Physical Examination form completed by a physician is required. Please return this form to the appropriate service center as soon as possible. Your online registration will not be processed until this form is received.



Code:                    **Satisfactory**                    **Not satisfactory**                    **Not examined**

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

Date of birth \_\_\_\_\_ Date of examination \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ B.P. \_\_\_\_\_

Appearance/nutrition \_\_\_\_\_

Eyes      R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_      Glasses \_\_\_\_\_      Contacts \_\_\_\_\_

Hearing   R \_\_\_\_\_ L \_\_\_\_\_      Ears \_\_\_\_\_

Nose \_\_\_\_\_      Throat \_\_\_\_\_      Teeth \_\_\_\_\_

Heart \_\_\_\_\_      Lungs \_\_\_\_\_      Abdomen \_\_\_\_\_

Genitalia \_\_\_\_\_      Hernia \_\_\_\_\_      Feces \_\_\_\_\_

Musculoskeletal \_\_\_\_\_      Urinalysis\* \_\_\_\_\_      HGB\* \_\_\_\_\_

*\* Not required for every health examination. A Daisy, Brownie or Junior Girl Scout should have this test if she has not already had it, either when entering school or at any time since. A Cadette, Senior or Ambassador Girl Scout should have this test if she has not had one since entering puberty.*

### Physician's comments and recommendations, if needed:

*(Give details about management of illnesses and any prescribed and/or over-the-counter medication, with dosages, times and conditions, to be taken while at camp.)*

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Specific activities to be encouraged or restricted:

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Special medical or dietary regimen to be continued (specify):

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*This person is in satisfactory condition and may engage in all usual activities, except as noted above.*

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Physician's printed name \_\_\_\_\_