



# Physical Examination

For girls spending three nights or more, a Physical Examination form completed by a physician is required. Please return with the registration form.

Code: Satisfactory Not satisfactory Not examined

Girl's name \_\_\_\_\_

Date of birth (mm/dd/yy) \_\_\_\_\_ 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 one, 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 the management of illnesses and any prescribed and/or over-the-counter medications, with dosages, times and conditions to be taken while at camp.)

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

Specific activities to be encouraged or restricted:

\_\_\_\_\_

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

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

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 \_\_\_\_\_