



FARM & WILDERNESS
401 Farm&Wilderness Rd
Plymouth, VT 05056
(802) 422-3761
Fax: (802) 422-8660

THIS FORM MUST BE COMPLETED AND SIGNED BY THE CAMPER'S PRIMARY CARE PROVIDER then uploaded to their CampDoc Health Profile physical exam section. Please ensure immunization dates are legible. If your health care provider has their own form providing the same information, you may substitute their form. Please attach additional pages of information as needed.

SUMMER 2023 PHYSICAL EXAM FORM

Camper Name _____ Birth Date ____/____/____

Name of camper's Primary Care Provider _____ Phone (____) _____

Clinic Address _____
Street Address City State Zip

Date of most recent physical exam ____/____/____

Weight _____ Height _____ Blood Pressure ____/____ Date of last Tetanus Shot _____

ALLERGIES

Does the camper have any known allergies? No Yes *Please describe allergy, reaction, and treatment*

HEALTH CONDITIONS

Is the camper being treated or followed for any medical or mental health condition(s)? No Yes *Please explain*

MEDICATIONS

Should the camper continue any medications while at camp? No Yes *Name, dose, route, timing, duration*

ACTIVITY RESTRICTIONS

Should the camper have any limitations or adaptations in activity while at camp? No Yes *Please describe*

IMMUNIZATIONS

Please fill out the following immunization record, or attach a copy of immunization record

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Haemophilus influenzae type B (HIB)	____/____	____/____	____/____	____/____	
Pneumococcal (PCV)	____/____	____/____	____/____	____/____	
Hepatitis B (HepB)	____/____	____/____	____/____		
Tetanus (DTap)	____/____	____/____	____/____	____/____	____/____
Polio (IPV)	____/____	____/____	____/____	____/____	
Measles, Mumps, Rubella (MMR)	____/____	____/____			
Chicken Pox (Varicella)	____/____	____/____	Check box if had disease: <input type="checkbox"/>		
COVID-19	____/____	____/____	____/____	____/____	____/____
Tetanus Booster (Tdap)	____/____	____/____			
Meningococcal ACWY (MCV4)	____/____	____/____			
TB Test (Mantoux skin)	____/____	Result: <input type="checkbox"/> Neg <input type="checkbox"/> Pos			
Hepatitis A (HepA)	____/____	____/____			
Rotavirus (RV)	____/____	____/____			
Human Papillomavirus (HPV)	____/____	____/____	____/____		
Influenza	____/____				

Farm & Wilderness requires all participants are up to date with the current schedule of regular childhood vaccines as per school guidelines set forth by the Vermont Department of Health. Please contact admissions directly if you require forms for medical or religious exemptions, or if your camper is on an alternative/catch up immunization schedule. These will be reviewed on a case by case basis.

All participants must be fully vaccinated for all the vaccinations listed from HIB through Chicken Pox.

Participants over the age of 11 must also have received their Tdap tetanus booster.

Meningococcal ACWY (MCV4), the TB Test, HepA, RV, HPV, Influenza, and Covid-19 are recommended, but not required.

SIGNATURE OF LICENSED PRIMARY CARE PROVIDER _____ Date ____/____/____