



Physician Form for: _____ **(Name of Camper)**

Must be completed by a physician and sent to Shetek by May 1 to allow adequate time for processing.

To the examining physician: This individual will be attending a one-week camp for the developmentally and mentally challenged. Our program provides close supervision over all activities, which may include a fair amount of physical exertion. Your cooperation in completing this examination is very much appreciated.

Primary Diagnosis _____

Secondary or Other Diagnosis/Concerns _____

Allergy Information: Please list and explain reactions.

Food allergies _____

Medication Allergies _____

Environmental allergies _____

Immunization History:

Diphtheria-Tetanus: _____ Date: _____

Polio Series: _____ Date: _____

Previous hospitalizations? _____ Reasons? _____

Past surgeries? If yes, type and dates: _____

Is the applicant free of communicable disease? Yes No Comment: _____

Blood/Body fluid precaution beyond universal precautions? Yes No If yes, type: _____

Physical Examination: Is the following normal? If no, explain:

Eyes: _____

Nose: _____

Ears: _____

Throat: _____

Heart: _____

Abdomen: _____

Lungs: _____

Extremities: _____

Scalp: _____

Skin: _____

Genitalia: _____

Neurologic: _____

Restrictions:

Diet _____

Swimming _____

Strenuous Exercise _____

Other Restrictions _____

Any Further Recommendations?

Physician Signature: _____ **Date:** _____

Physician's Name: _____ **Phone:** _____

Return by May 1 to: Shetek Lutheran Ministries
14 Keeley Island Dr.
Slayton, MN 56172

Questions? Phone/Fax: (507)763-3567
Email: camp@shetek.org