SHETEK
LUTHERAN MINISTRIES

Sharing Our Services (SOS) Camp 2023 Physician's Form

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 People with physical and mental disabilities. 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?

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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