CAMP AIM

YMCA OF GREATER PITTSBURGH – SOUTH HILLS YMCA

MEDICAL EXAMINATION

(PLEASE RETURN THIS MEDICAL FORM AFTER YOUR DOCTOR HAS COMPLETED EXAMINATION)

MEDICAL EXAMINATION – CAMP A.I.M.

We require a medical examination of each child before being admitted to camp. If you will be sending your child to camp, please have the following form filled out by a physician.

CHILD'S NAME _____ AGE _____

PRIME DIAGNOSIS _____

Before signing this form, please verify that the child is currently immunized for all of the following:

TETANUS	_____	PERTUSSIS	_____
DIPHTHERIA	_____	MEASLES	_____
POLIO	_____	RUBELLA	_____
MUMPS	_____		

I have examined the person described above and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities except as noted below: (these activities my include running and swimming).

RESTRICTIONS: _____

_____

_____

_____

_____

_____
DOCTOR'S SIGNATURE

_____
DATE

PLEASE RETURN COMPLETED FORM TO:

SOUTH HILLS YMCA
51 McMURRAY ROAD
PITTSBURGH, PA 15241
(412) 833-5600