



pasadena humane society & spca

Health History Form

Camper's Name

Date of Last Medical Exam

Camper's Physician:

Name

Address

Phone Number

Camper's Immunization History:

Vaccines	Date of Last Immunization
DPT/TD/Tetanus	
Polio	
Measles/Mumps/Rubella (MMR)	
Tuberculin Test Given	
Flu	
Other (Specify):	

Camper's Health Summary:

1. Describe any current health conditions, required medication (please list), treatment, or special restrictions of camper while at camp. Write "none" if camper doesn't have any.
2. Describe any past medical treatments relevant to camper's participation in camp. Write "none" if camper doesn't have any.
3. Describe any allergies or dietary restrictions of camper. Write "none" if camper doesn't have any.
4. Describe any activity restrictions of camper while at camp. Write "none" if camper doesn't have any.
5. Describe any current mental or psychological conditions, required medication, treatment, or special restrictions of camper. Write "none" if camper doesn't have any.

Camper Signature

Date

Parent/Legal Guardian Signature

Date