

RONALD MCDONALD CAMP 2019

CAMP DATES: AUGUST 10-17 LIT/CIT PATIENT PHYSICAL

***** All LIT/CIT must have this form completed and signed by a physician/nurse practitioner and returned by the application deadline of May 1. If your physical appt. is scheduled between May 1 and July 31 due to insurance, you have already indicated the date on the online application and we will expect this form within a week of that date. If your appt is after July 31, please contact us. Thank You!**

Name: _____ **Date:** _____

MEDICAL DIAGNOSIS _____

Date of diagnosis: _____ Current Therapy: _____

Date & type of most recent chemotherapy (last six months): _____

Is it possible that you will be receiving chemotherapy within 2 weeks of camp?

Yes _____ No _____

****All on-therapy LIT/CIT will be required to have a CBC done within a week of camp and campers with expected prolonged count suppression of thrombocytopenia requiring transfusions may not be eligible for camp. The camp medical staff will make the final decision regarding eligibility the week before camp.**

Date off therapy: _____

Date and site of last radiation therapy: _____

Date and site of previous surgeries: _____

Describe any physical/cognitive challenges and/or physical limitations/any restrictions to activity (include crutches, wheelchair, prosthesis): _____

Describe any allergies (type, reaction and management of reaction): _____

_____ **LIT/CIT TAKES NO MEDICATION ON A DAILY BASIS**

ORAL MEDICATION

Drug Name & Strength	Dosage	Frequency	Reason for Taking

SUBCUTANEOUS(SQ)OR INTRAMUSCULAR (IM) INJECTION

Drug Name & Strength	Dosage	Route	Frequency	Reason

RMC 2019 LIT / CIT PATIENT PHYSICAL

PHYSICAL EXAMINATION Please have your physician/nurse practitioner fill this section out completely. It is required that all on-therapy LIT/CIT have **physical exams within 6 months** of attending camp. Off-therapy patients must have a physical exam within **12 months** of attending camp.

NAME _____ Date of Birth ____/____/____
 Date of Exam ____/____/____

Height: _____ Weight: _____ Blood Pressure: _____

Heart Rate: _____ Respiratory Rate: _____

Most Recent Blood Count (only if on therapy or off therapy < 6 months)

Date: _____ WBC: _____ Hgb: _____ Plt _____ ANC _____

System	Normal	Abnormal/Please explain
General		
HEENT		
Neck		
Lungs		
Heart		
Abdomen		
Neuro		
Skin		
GU		
Musculoskeletal		

Central Line: Y N. If Yes, type: _____

Other Comments: _____

Doctor's/Nurse Practitioner's Statement: The above patient is physically able to engage in camp activities, except for physical limitations and restrictions listed above.

NP/ MD Signature _____ Date: ____/____/____

Print Name _____

Address: _____

Phone: _____

- You have 2 options to return this form:***
 1. Scan and upload to your application.
 2. Email to camp@philarmh.org

Ronald McDonald Camp 2019

LIT/CIT TB Test Form

Tuberculosis (TB) is a bacterial infection that is most often found in the lungs but can spread to other parts of the body. TB in the lungs is easily spread to other people through coughing or laughing. Many of our camper's immune systems are not functioning 100% due to their disease or treatment. Because of this we MUST make every effort to protect them from contracting any kind of sickness while at camp.

This test must be completed within 12 months of arriving at camp, so please get this done right away to meet the May 1 deadline. We **MUST** have official record of your negative TB Mantoux test or Quantiferon Gold blood test by the application deadline in order to complete your application.

Typical procedure for completing this requirement:

1. Make an appointment immediately with your doctor requesting either a TB Skin Test (PPD) or a Quantiferon Gold blood test.
2. If you choose the blood test, please submit the actual report with this document.
3. If you choose the PPD skin test, you will return to have a health care worker look at your arm for the result within 2-3 days and have the healthcare worker complete the information below.

If you are exempt from doing a TB test for a specific medical reason, please indicate below.

RESULTS FOR _____ (PLEASE PRINT PATIENT'S NAME)

Date of TB Mantoux Test _____ Negative _____ Positive _____

-or-

Date of Quantiferon Gold blood test _____ (Please submit actual lab results as well)

Signature of Healthcare worker: _____ Date: _____

Healthcare worker (please print name): _____

_____ I am exempt from doing the TB Test.

Please explain specifically: _____

You have 2 options to return this form and results of blood test (if applicable):

- 1. Scan and upload to your application.**
- 2. Email to camp@philarmh.org**