

RONALD McDONALD CAMP 2019

CAMP DATES: AUGUST 10-17

LIT / CIT SIBLING PHYSICAL

***A physical exam must be completed by a physician/nurse practitioner within 12 months of attending camp. Please be sure your physician has signed this form and send to the camp office by 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!

Applicant's Name _____

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 SIBLING PHYSICAL

PHYSICAL EXAMINATION Please have your physician/nurse practitioner fill this section out completely. It is required that all sibling LIT/CITs have physical exams within 12 months of attending camp.

NAME _____ Date of Birth ____/____/____

Date of Exam: ____/____/____

Height: _____ Weight: _____ Blood Pressure: _____

Heart Rate: _____ Respiratory Rate: _____

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

Other Comments: _____

Doctor's/Nurse Practitioner's Statement: The patient above is physically able to engage in camp activities, except for physical/cognitive challenges 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 EVERY year by ALL staff. 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