

# RONALD MCDONALD CAMP 2020

## CAMP DATES: AUGUST 15-22 LIT/CIT PATIENT PHYSICAL

Please have your physician/nurse practitioner answer all questions on this form and sign. Return this form by the application deadline of May 1. If your physical appointment 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 scheduled after August 1 please contact us. Thank You!

Applicant's name: \_\_\_\_\_

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): \_\_\_\_\_

Does the patient have a history of seizures? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the seizure management plan? \_\_\_\_\_

Does the patient have adrenal insufficiency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the stress dose plan? \_\_\_\_\_

Does the patient have a special fever protocol? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_



**RMC 2020 LIT / CIT PATIENT PHYSICAL (page 3)**

**PHYSICAL EXAMINATION** 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 patient above is physically able to engage in camp activities, except for physical limitations and restrictions listed. I have completed all questions on this 3-page form and clear this patient for attendance at Ronald McDonald Camp.**

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](mailto:camp@philarmh.org)**