

RONALD McDONALD CAMP 2020

CAMP DATES: AUGUST 15-22
LIT/CIT SIBLING 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 _____

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 adrenal insufficiency? Yes _____ No _____ If yes, what is the stress dose plan?

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

RMC 2020 LIT/CIT SIBLING PHYSICAL (page 3)

PHYSICAL EXAMINATION 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 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