

RONALD MCDONALD CAMP 2020

Camp Dates: August 16-22

CAMPER PATIENT PHYSICAL

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

Patient Name: _____ **Date:** _____

MEDICAL DIAGNOSIS _____

Date of diagnosis: _____ Current Therapy: _____

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

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

Yes _____ No _____

**All on-therapy campers 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/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 CAMPER PATIENT PHYSICAL (page 3)

PHYSICAL EXAMINATION. It is required that all on-therapy patient campers have **physical exams within 6 months** of attending camp. Off-therapy patients must have a physical exam within **12 months** of attending camp.

PATIENTS NAME _____ DOB ____/____/____

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		

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 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: _____

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