

*This form is provided for your convenience. You do not need to use this specific form.
Any standard doctor's physical form that includes vaccination history is acceptable (even
if it is from another camp).*

**Common Ground Camps 2018
Physical / Immunization Form**

Camper's Name: _____

Date of Birth _____

The above patient was examined on _____.
The patient's health history and immunization records were reviewed.

Doctor's office
stamp here.

Weight: _____ Height: _____ BP: _____

Vision: Left _____ Right _____ Color _____ Postural Screen _____

Allergies: _____

Chronic Medical Problems: _____

Medications/Treatments: _____

Dietary Restrictions: _____

Comments: _____

I SEE NO REASON(S) TO RESTRICT FULL PARTICIPATION IN CAMP ACTIVITIES.

Physician's Name (Printed): _____ Phone #: _____

Physician's Signature: _____ Date: _____

**PARENTS: I CERTIFY THAT MY CHILD HAS NOT INCURRED ANY SIGNIFICANT HEALTH
PROBLEM(S) SINCE THE DATE OF THE ABOVE PHYSICAL EXAM.**

Parent's Name – printed: _____ Parent's Signature: _____ Date: _____

**A current vaccination record must be attached in order for this form to be
complete.**

THIS FORM MUST BE MAILED TO COMMON GROUND BY **JUNE 8, 2018**
\$10 FEE FOR FORMS RECEIVED AFTER THIS DATE

MAIL: COMMON GROUND, ATTN: CAMP, 358 SPRINGSIDE AVE, NEW HAVEN, CT 06515
OR UPLOAD A DIGITAL COPY DIRECTLY TO YOUR CAMP ACCOUNT!

NO EMAIL OR FAXES ACCEPTED