



Spiritual Enrichment  
Program of  
Southern California  
www.sepsocal.org

## Physician's Record of Health Examination for 2010 SEP So Cal Youth Camp

SEP So. Cal. Youth Camp requires all campers and staff to have an updated physical examination **EVERY 2 YEARS.**

I had an exam last year & it is on file with SEP So. Cal. I do not need an exam this year.

If you are due for an Exam, please schedule an appointment with your doctor as soon as possible. Then mail this page as soon as it is completed by the Physician or Certified Nurse Practitioner.

For questions re: this form, contact SEP So Cal at 619-578-4245 or sepsocal@cox.net

Mail this form to: SEP So Cal, P.O. Box 356 Lemon Grove, CA 91946-0356 or fax to 619-564-3445

All information will be kept confidential and shared only with camp directors, nurses, and other persons deemed necessary.

**This one page form is to be filled out by a LICENSED PHYSICIAN or CERTIFIED NURSE PRACTITIONER.**

Name of Patient: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Date of Previous Physical: \_\_\_\_\_

(other than today)

**Please check the applicable condition (PLEASE check for head lice):**

1. Skin/Scalp .....  Clear       Head lice       Other, specify \_\_\_\_\_
2. Eyes .....  Clear       Infected       Other, specify \_\_\_\_\_
3. Nose .....  Clear       Congested       Other, specify \_\_\_\_\_
4. Ears .....  Normal       Other, specify \_\_\_\_\_
5. Mouth .....  Normal       Infection, specify \_\_\_\_\_
6. Teeth .....  Good repair       Carious       Other, specify \_\_\_\_\_
7. Tonsils .....  Normal       Infected       Out \_\_\_\_\_
8. Throat .....  Normal       Infected       Other, specify \_\_\_\_\_
9. Heart Rate ..... Resting: \_\_\_\_\_ After 1-min. exercise: \_\_\_\_\_ After 1-min. rest: \_\_\_\_\_  
Rhythm .....  Normal       Irregular, specify \_\_\_\_\_  
Murmurs .....  Absent       Present \_\_\_\_\_
10. Lungs .....  Normal       Abnormal, specify \_\_\_\_\_
11. Abdomen .....  Normal       Tender, specify \_\_\_\_\_
12. Genitourinary .....  Normal       Other, specify \_\_\_\_\_
13. Endocrine .....  Normal       Other, specify \_\_\_\_\_
14. Skeletal system .....  Normal       Other, specify \_\_\_\_\_  
Spine .....  Normal       Other, specify \_\_\_\_\_  
Extremities .....  Normal       Other, specify \_\_\_\_\_
15. *Optional* Urinalysis: Dipstick adequate \_\_\_\_\_ Sugar \_\_\_\_\_ Blood \_\_\_\_\_ Albumen \_\_\_\_\_ Ketones \_\_\_\_\_
16. Is applicant under care of a physician? (Circle) **YES / NO** If yes, explain condition & current treatment on back of this page.

### Summary

**General Health:**

Excellent     Good     Fair     Poor

**Recommendation for Activity:**

Full     Restricted, specify \_\_\_\_\_

**Note to Physician:** SEP So. Cal., for which this person is applying, is a residential summer program and consists of rigorous daily activity, which may include swimming, canoeing, basketball, volleyball and softball at a high altitude (7,000 ft.) with warm temperatures. Each participant is encouraged to engage in all activities.

I hereby certify that the foregoing is a full, true and correct record of an examination of the person named herein, conducted by me on the day of the date hereof. I hereby further certify that it is my opinion, based upon such examination and upon the accompanying medical history that the health of this person is such that he/she may participate in the activities at SEP So. Cal. I see no evidence that the person named herein would be a danger to himself or others as a participant in a church summer educational camp.

Physician: **X** \_\_\_\_\_  
Signature

\_\_\_\_\_ Date

Print Physician's Name: \_\_\_\_\_

phone: \_\_\_\_\_

Address: \_\_\_\_\_