

**Shetek Lutheran Ministries S.O.S. Camp
Physician's Form**

Physician Form for: _____
(Name of Camper)

Must be completed by a physician and sent to Shetek by June 1, 2012 to allow adequate time for processing. To the examining physician: This individual will be attending a one-week camp for the developmentally and mentally challenged. Our program provides close supervision over all activities, which may include a fair amount of physical exertion. Your cooperation in completing this examination is very much appreciated.

Allergy Information:

Food allergies (Please List) _____
Medication Allergies (Please List) _____
Environmental allergies (Please List) _____

Immunization History:

Diphtheria-Tetanus: _____ Date: _____
Polio Series: _____ Date: _____

Previous hospitalizations? _____ Reasons? _____
Past surgeries? If yes, type and dates: _____
Are there any diet restrictions: _____

Physical Examination: Please specify abnormalities

Eyes: _____	Activity Restriction: _____
Nose: _____	_____
Throat: _____	_____
Heart: _____	Do restrictions hinder camper's ability to participate in usual recreational programs of camp? Yes or no
Abdomen: _____	Other Findings: _____
Lungs: _____	_____
Extremities: _____	_____

Is the applicant free of communicable disease? Yes ___ No ___ Comment _____

Physician's Name: _____ Physician's Phone Number: _____

Physician Signature: _____ Date: _____

Return by June 1, 2012 to: Shetek Lutheran Ministries/14 Keeley Island Dr./Slayton, MN 56172

Questions?: SLM Phone/Fax: (507)763-3567

