



PHYSICAL EXAMINATION FORM

PARENT/GUARDIAN: This form may be used for camp physical and is provided merely for your convenience. (School physical forms, athletic team forms, and forms of health-care provider's choosing are acceptable alternatives, as long as the most recent physical examination was performed within one year of child's first day of camp.)

HEALTH-CARE PROVIDER: Your patient is enrolled in a summer camp at the Science Museum of Long Island. At camp, your patient will participate in activities and experiments in various areas of scientific study. Activities will include outdoor activities such as hiking, sports, and general recreation. Please complete the form below and include any restrictions you deem necessary to keep you patient healthy and safe during camp hours.

NAME OF CAMPER: _____ DOB: _____

ARE IMMUNIZATIONS AND BOOSTERS UP TO DATE? YES NO

ALLERGIES: To be listed on Health History form, completed and signed by parent/guardian.

ANY RESTRICTIONS ON ACTIVITIES OR EXERCISE? YES NO

If "YES," please elaborate: _____

ANY ADDITIONAL MEDICAL CONDITIONS OR INFORMATION? _____

HEALTH-CARE PROVIDER'S NAME: _____ DATE: _____

(Please Print)

SIGNATURE: _____

Return by mail: SMLI, P.O. Box 908, Plandome, NY 11030, FAX: 516-365-8927, or Email: info@smli.org