



Pediatric Clinic
 PATIENT visit documentation
CAMP PARTICIPATION EXAMINATION

Name of Patient: _____

I performed a complete physical examination on this patient on _____ .

Medical Problems: _____

This child is not contagious for any infectious disease.

This child's allergies are: _____

This child's medications are: _____

This child can participate in all age appropriate sports and activities, OR
 This child should have limited physical activity with the following instructions:

This child can eat a regular diet, OR
 This child has the following dietary restrictions: _____

Thank you.

Physician's Signature: _____ Date: _____

Pediatric Clinic
 Evans Army Community Hospital
 526-7653