紐澤西 中美文化協會 夏令營
CACA CHINESE CULTURE CAMP

健康檢查表　Health Record

The upper part to be filled in by parent/guardian of minors or by adult campers/staff members themselves.

Name: _____ Date of Birth: _____ /_____ /_____ Sex: _____
First Middle Initial Last Month Day Year

Father/Guardian: _____ Mother: _____

Address: _____

Phone: (Home)_____ (Work)_____ _____
Father/Guardian Mother

Emergency Contact (please give name, address and daytime phone of two persons other than parent/guardian)

Name: _____ Name: _____

Address: _____ Address: _____

Daytime Phone: _____ Daytime Phone: _____

- Past Medical History (check and give dates)

Asthma _____ Diabetes _____ Mononucleosis _____

Bleeding disorder _____ Heart disease _____ Psychiatric treatment _____

Chicken pox _____ Hypertension _____ Recurrent ear infection _____

Convulsions _____ Kidney disease _____ Others _____

Past surgical history: _____ Family medical history: _____ Allergies: _____

Physician: _____ Phone: _____ Dentist: _____ Phone: _____

- Immunization Records (dates)

DPT _____ _____ _____ _____ _____ Measles _____ _____

HIB _____ _____ _____ _____ _____ Mumps _____ _____

OPV _____ _____ _____ _____ _____ Rubella _____ _____

Hepatitis B _____ _____ _____ Tuberculin test: _____ result: _____

- Physical Examination by Licensed Physician:

Ht. _____ Wt. _____ B.P. _____ P _____ T _____

HEENT _____ Lungs _____ Heart _____ Abd _____ Back _____ Ext _____ Neuro _____

I have examined the person herein described and have reviewed his/her medical history.

He/She is ____ is not ____ with restrictions ____ to participate in camp activities.

Medication or special diet while in the camp _____

Licensed Physician' s signature _____ Phone _____

Address (Please print) _____

Date of Examination _____ Date of Form Completion_____