



Blind Camp Medical Examination Form

TO BE COMPLETED BY CAMPER'S PRIMARY CARE LICENSED
PHYSICIAN OR NURSE

Camper Name _____ Date of Birth _____

VISUAL ACUITY (REQUIRED)

Corrected with glasses: Left 20/ _____ Right 20/ _____

If either of the camper's eyes are better than 20/200 with glasses, why are they considered legally blind?

OVER-THE-COUNTER MEDICATION

Are there any over-the-counter medications the camper cannot take? If so, please list.

MEDICAL EXAMINATION (REQUIRED)

This examination should be performed not more than 12 months before arrival at camp for determining fitness to engage in strenuous activities.

Height _____ Weight _____ Blood Pressure _____

List Restrictions (if any) _____

I have examined the person herein described and have review their health history. It is my opinion that they are physically able to engage in camp activities, except as noted above.

Licensed Primary Care Medical Professional _____
Signature

Printed Name _____ Title _____

Address _____

Phone _____ Date _____

Scan and Email completed form to apayne@wi.adventist.org
OR Mail completed form to W8368 County Road E, Oxford, WI, 53952