



Ukrainian American Youth Association, Inc.

Lapp Road Fillmore, New York 14735



Camp Physical Examination Form

Name _____

Address _____

City/State/Zip _____

Date of Birth ____/____/____ M / F ____ Age ____

Place of Birth _____

Home Phone # (____) ____ - _____ Emergency Phone # (____) ____ - _____

Health Insurance Carrier _____

Policy Number _____ Policyholder's Name _____

Member of CYM Branch in _____

Height _____ Weight _____

Physician's Name _____ Phone # (____) ____ - _____

Dentist's Name _____ Phone # (____) ____ - _____

MEDICAL INFORMATION

1. Have you had a tetanus shot within the last five (5) years? Yes No

2. Indicate which immunization shots you have received:

Kind	Date
<input type="checkbox"/> Polio.....	____/____/____
<input type="checkbox"/> Booster.....	____/____/____
<input type="checkbox"/> Diphtheria.....	____/____/____
<input type="checkbox"/> Measles.....	____/____/____
<input type="checkbox"/> Mumps.....	____/____/____
<input type="checkbox"/> Rubella.....	____/____/____
<input type="checkbox"/> Other (_____)	____/____/____

3. List all childhood illnesses you have had (e.g. measles, chicken pox, mumps, etc.):

_____	_____
_____	_____
_____	_____
_____	_____

4. Do you have any allergies? Yes No If yes, please describe fully:

5. Are you on any prescribed medication? Yes No If yes, please indicate what type and how often it has to be administered.

6. Do you have any physical restrictions? Yes No If yes, please describe fully:

7. Patents Comments:

8. Physician's Comments:

9. Are you physically qualified to attend camp this summer? Yes No

If no, please indicate why.

_____/_____/_____
Physician's Signature Date

_____/_____/_____
Parent's Signature Date