

Duke Swim Camp Health Form

Return by June 4, mail to Duke Swim Camp; Cameron Indoor Stadium; Box 90555; Durham, NC 27708

Camper's Name _____ Date of Birth _____ Sex _____

Permanent Address _____

City/State/Zip _____ Home Phone _____

Does the camper currently have any of the following? If "yes," please describe.

Drug allergies: _____

Food allergies: _____

Allergies to insect bites: _____

Special dietary needs: _____

Asthma: _____

Frequent headaches: _____

Dizziness or seizures: _____

Any other health problems: _____

Any limitations of activities: _____

Please list all medications the camper is currently taking: _____

(Our staff cannot administer any medications, prescription or non-prescription to campers. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the camper will need to take medications while attending our program, s/he must bring the medication to camp and assume responsibility for taking it as needed or indicated).

Will the camper require any specific treatment for a medical/emotional condition while participating in Duke Swim Camp? Please circle: Yes or No

If yes, please explain: _____

Medical History:

Immunization Dates: Date of last medical check-up: _____

Measles _____

Reasons for any hospitalizations in the past 5 years:

Mumps _____

Rubella _____

OR MMR _____

Last Tetanus _____

DPT, TT or TD _____

Polio Series completes _____

Physician's Information: (to be completed by physician) Please PRINT the following:

Physician's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

I have examined the above named camper and found him/her to be able to participate in all activities of the Duke University Swim Camp.

Physician's Signature

Date