

**Camper Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Guardian Name** \_\_\_\_\_

List an past or present medical conditions that may affect performance: \_\_\_\_\_  
 \_\_\_\_\_

List medications: \_\_\_\_\_  
 \_\_\_\_\_

**EXAM:** **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ ( % ) **Pulse:** \_\_\_\_\_ **BP:** \_\_\_\_\_ / \_\_\_\_\_

**Normal** **Abnormal Findings** **Dr. Initials**

	Normal	Abnormal Findings	Dr. Initials
Medical			
Appearance			
Eye/Ears/Nose/Throat			
Neuro			
Heart			
Cardiac			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL			

**Medical exam performed by:** \_\_\_\_\_

**CLEARANCE:**

- Cleared - Based on my examination of this patient, I determine he/she can fully participate in camp at CCGA
- Cleared after completing rehabilitation for: \_\_\_\_\_
- Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_
- Clearance decision deferred pending further work-up or obtaining records

**COMMENTS and RECOMMENDATIONS:**

---



---

**Signature of physician** **Name of physician/phone number** **Date**

I authorize the disclosure of this medical information to  
 the College of Coastal Georgia Office of Student Life

---

**Guardian Signature**