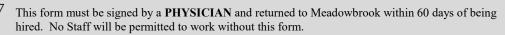
## **2022 STAFF PHYSICIAN EXAM FORM**

## **IMPORTANT!**

All Staff must have a completed health form based on a physical exam performed on or after 4/30/21.





73 East Valley Brook Road Long Valley, New Jersey 07853 Phone: (908) 876-3429 Fax: (908) 876-4635 info@MeadowbrookVayCamp.com

Name:	ne: Date of Birth:		
The above named individual was examin	ed in my office on this date: _		
Gender: BP: _	Height:	Weight:	
In my opinion, this individual is [	is not able to participate in	an active program.	
This individual is under my care for the f	following condition(s):		
ALLERGIES: Known Allergies:			
Food(s):		Reaction	
Medicine(s)		Reaction	
Other		Reaction	
NOTE: Allergy Action Plan  MEDICATIONS ADMINISTED container with printed pharmacy & MD i Member. All medications must remain in	RED DURING THE CA	MP DAY: Prescription med Camp by the Parent/Legal Guar	lications must be in their original dian or given to a Meadowbrook Staff
personnel to administer the following me			, g. united to income record 2 up cump
Medication Name:		Dose:	Frequency:
Reason for Medication:		Begin on://	End on:/
Possible Side Effects:		Other Instructions:	
Medication Name:		Dose:	_ Frequency:
Reason for Medication:		Begin on://	End on:/
Possible Side Effects:		Other Instructions:	
OVER-THE-COUNTER MEDI Camp Nurse has my permission to administer	CATIONS (check all the the following over-the-counter n	nat apply): In the event of a min nedications according to the label in	nor medical emergency or illness, the nstructions, at their discretion:
Acetaminophen (Tylenol) for discomfort, pain, fever	Cough Drops for irritated throat or cough	Midol/Pamprin for menstrual pain (if applicable)	Tums / Pepto Bismol for upset stomach
Antihistamine (Claritin) For allergy symptoms and hives.	Diphenhydramine (Benadr for allergic reactions, hives, severe itchi	yl) Naproxen Sodium (Ale	eve) Zanfel for poison ivy
Cepacol lozenges for sore throat	Ibuprofen (Advil/Motrin)  for discomfort, pain, fever	Orajel for toothache, dental pain	
Cortisone Cream/Ointment for skin rash on unbroken skin, insect bites	Medicaine for bee stings	Triple Antibiotic Ointre	nent
Please provide the	above patient with a	a copy of their immun	ization records.
			Physician Office Stamp
Physician's Name			
Physician's Phone #			
Physician Signature		Date	