

CAMPER NAME: _____

CAMPER BIRTHDATE: _____

Camp Oak Hill Immunization History and Physician's Signature 2021

ALL CAMPERS MUST HAVE A PHYSICAL WITHIN 12 MONTHS OF ARRIVAL AT CAMP!

DATE OF MOST RECENT PHYSICAL _____

DATE OF MOST RECENT TETANUS _____

ALL OTHER IMMUNIZATIONS UP TO DATE YES NO If

NO, please provide reason:

I certify this child is emotionally and physically able to participate in camp and all activities.

YES.

YES, with the exception of:

Provider Name: _____ Phone: _____

Provider Signature: _____ Date: _____

By signing the first and last name, you are confirming all information on this form was provided by the provider and completed by the named provider or assigned designee.

This form MUST be turned in at least 2 weeks prior to your camper's session at Camp Oak Hill!

TO SUBMIT THIS FORM EMAIL: medical@campoakhill.org

FAX: 919-693-1476

MAIL: 1528 Oak Hill Road, Oxford, NC 27565

CAMPER NAME: _____

CAMP SESSION: _____