



VICTORY JUNCTION

Founded for kids in honor of Adam Petty
a seriousfun camp

Staff and Volunteer Physical Exam Form

Document must be completed and signed by Practitioner (MD, PA, NP)

Document is required annually for all drivers over the age of 70, and every 2 years for all other staff and volunteers.

Name _____ D.O.B. _____ DATE of Exam _____

Height _____ Weight _____ HR _____ BP _____ RR _____

Pertinent Medical History: _____

Physical Exam Findings: (Please list any pertinent physical findings or attach a recent H&P): _____

Current Medications: _____

Drug Allergies: _____

Food Allergies and Dietary Restrictions: _____

Varicella disease or vaccination date: _____

Restrictions / Recommendations to camp activity: _____

If over 70 years of age, is this patient physically able to safely operate a motor vehicle? _____

Provider's Statement: I have examined _____ on _____ and find him/her physically able to participate in the activities, pedestrian lifestyle and high energy environment of Victory Junction.

Signature/Title of Provider _____ Printed Name _____ Date _____

Address _____

Phone _____ Emergency Phone _____ Fax _____