

**Bridges Summer Adventure Program**  
**DOCTOR'S PHYSICAL EXAMINATION FORM**

This form (**or its equivalent provided by Doctor's office**) must be completed by a qualified physician. Physician's signature is required. An examination performed by a physician within the preceding 13 months is acceptable. Examinations performed by your physician for school, sports or regular checkup in the last year will suffice. This completed and signed form **MUST** be submitted to the Community Education Office. **No student will be permitted to attend the program without a completed physical exam form on file in the office.** Thank you for your cooperation in the important matter.

**Mail or deliver to:** Summer Adventure, 39 Mass. Ave., Harvard, MA 01451.

Child's Name: \_\_\_\_\_

General Health: \_\_\_\_\_

Hearing: \_\_\_\_\_ Vision: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Coordination and Motor Skills: \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

Comments, special problems, restrictions, allergies, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION RECORD: PLEASE LIST DATES:**

DPT #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Tetanus #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Oral Polio (Sabin) #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Polio (Salk) #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Tuberculin Test \_\_\_\_\_ Results \_\_\_\_\_

**DISEASE AND HISTORY (PLEASE LIST DATES)**

Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Mumps \_\_\_\_\_ Scarlet Fever \_\_\_\_\_

Pneumonia \_\_\_\_\_ T.B. \_\_\_\_\_

**PHYSICIAN'S CERTIFICATION OF MEDICAL EXAMINATION**

I have examined the above named child and found him/her free from infectious or contagious disease. He/she may attend camp and may physically participate in all activities (unless otherwise marked above).

Physician's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_