



73 East Valley Brook Road
Long Valley, New Jersey 07853
Phone: (908) 876-3429
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STAFF EXAMINATION FORM

**Must be completed by a physician based on a Physical Exam performed on or after 8/20/08.
Please Mail this form back to Meadowbrook by April 30, 2010.**

Name: _____ Date of Birth: _____

The above named individual was examined in my office on this date: _____

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 following condition(s): _____

MEDICATION

The above named individual takes the following medication during the winter and/or during the summer
(please be specific): _____

ALLERGIES

Known Allergies:

Food(s) _____ Reaction _____

Medicine(s) _____ Reaction _____

Other _____ Reaction _____

NOTE: Allergy Action Plan Form MUST be submitted for the administration of medication.

Physician's Name _____

Physician's Signature _____

Date Signed _____

Physician's Phone # _____

Physician's Address _____

Physician Office Stamp

Staff Member Signature _____ Date _____

(to be signed by a parent or guardian if staff member is under 18 yrs of age)

**PLEASE COMPLETE THE REVERSE SIDE FOR IMMUNIZATION RECORDS AND
AUTHORIZATION FOR NON-PRESCRIPTION MEDICATIONS**

<u>IMMUNIZATION HISTORY</u>	Dose 1 Mo/Yr	Dose 2 Mo/Yr	Dose 3 Mo/Yr	Dose 4 Mo/Yr	Dose 5 Mo/Yr	Most Recent Dose Mo/Yr
DPT						
dT or Tdap						
Prevnar (PCV7)						
MMR						
or						
Mumps						
Measles						
Rubella						
Polio (IPV)						
HIB						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)						
Meningococcal						

AUTHORIZATION FOR NON-PRESCRIPTION MEDICATIONS

In the event of a minor medical emergency or illness, the Camp Nurse has my permission to administer the following over-the-counter medications according to the label instructions, at her discretion:

(Please circle)

- | | | |
|---|-----|----|
| Acetaminophen (Tylenol) for discomfort, pain, fever | Yes | No |
| Cepacol lozenges for sore throat | Yes | No |
| Cortisone Cream/Ointment for skin rash on unbroken skin, insect bites | Yes | No |
| Cough Drops for irritated throat or cough | Yes | No |
| Diphenhydramine (Benadryl) for allergic reactions, hives, severe itching | Yes | No |
| Ibuprofen (Advil/Motrin) for discomfort, pain, fever | Yes | No |
| Medicaine for bee stings | Yes | No |
| Midol/Pamprin for menstrual pain (if applicable) | Yes | No |
| Orajel for toothache, dental pain | Yes | No |
| Triple Antibiotic Ointment (Neosporin) for minor wounds | Yes | No |
| Tums / Pepto Bismol for upset stomach | Yes | No |
| Zanfel for poison ivy | Yes | No |

PLEASE COMPLETE THE REVERSE SIDE FOR EXAMINATION INFORMATION AND SIGNATURES OF PHYSICIAN AND STAFF MEMBER