



DATE OF EXAMINATION	
CAMPER'S NAME	
FATHER'S NAME	
DATE OF BIRTH	
BLOOD GROUP	
CONTACT PHONE NUMBER	
CAMP SESSION	

HEALTH EXAMINATION FORM

(to be completed by a qualified physician)

HEALTH HISTORY (Serious illness, injuries):			
COMMENTS:			
CHRONIC ILLNESSES			
PESTIFEROUS DISEASES			
ALLERGIES			
MEDICINE			
OPERATIONS OR SERIOUS INJURIES			
AFTER EXERCISE (faint, precordial pain, easy lassitude)			
CIRCULATION (arterial pressure, cardiac blow)			
OTHER CONCERNS			
<p>According to your opinion, is the camper physically able to engage in G.A KALIVAS SA Camp activities (swimming, basketball, tennis, volleyball, football etc) ?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>			

Physician's stamp and signature