

CAMP ICONIC/WEE FRIENDS  
2600 REGENT PLACE  
BELLMORE, N.Y. 11710  
516 781-8800  
[www.campiconic.com](http://www.campiconic.com)

Name of Person Being Examined	Date of Birth	Date of Exam
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**Include All Dates**

DTaP	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Booster	Booster
IPV	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Booster	Booster
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	
MMR	1 <sup>st</sup>	2 <sup>nd</sup>			
VARICELLA (CHICKEN POX)					
Hib (hemophilus influenza type b)					
Hep B or HBV (hepatitis b)					

**Other Immunizations**

Covid 19	Date
Covid 19	Date
Covid 19	Date

**Type**


TUBERCULIN TEST	Date	Results
Please specify: Tine _____ Mantoux _____		
If previously mantoux reactive _____ date _____		
Is documented reactive child free of symptoms of TB? Yes ___ No ___		
(Use reverse side if necessary for the following:)		

**Medical History (for all children)**

Growth & Development	<u>PHYSICAL</u> Normal ___ Abnormal ___	<u>MENTAL</u> Normal ___ Abnormal ___	<u>LANGUAGE</u> Normal ___ Abnormal ___	Describe if abnormal
Give Specifics for all Yes Responses at Right:		Specifics:		
YES	NO	Are there any allergies?		
YES	NO	Is medication regularly taken? (If yes, specify drug and condition)		
YES	NO	Is a special diet required? (If yes, specify diet and condition)		
YES	NO	Are there any conditions requiring special conditions by the school/camp?		
YES	NO	Are there any hearing problems? (If tested, specify method and results)		
YES	NO	Are there any vision problems? (If tested, specify method and results)		
TEETH	(Condition)	Other (Please specify)		

Summary of physical exam including special recommendations.

Date of next examination: / /

On the basis of my findings as indicated above and on my knowledge of the above named child, I find that (s)he is free from contagious and communicable disease YES/NO and is physically and mentally able to participate in school/camp YES / NO.

Signature \_\_\_\_\_ Name & Title of Examiner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
(over)

## PROCEDURE FOR ADMINISTERING MEDICATION AT SCHOOL/CAMP

Medication can only be dispensed with a physician's standing order. This order must be written on your physician's stationary. All medications must be in the original prescription bottle with direction for administration. Under the direct order of Nassau County Board of Health all schools must have physician's standing order to administer any and all medications.

Please do not send any medication, including children's aspirin or tylenol, unless it is attached with the physician's standing order.

*Children may **not** take any medication on their own.*