JOE ESPINOSA'S SUMMER BASEBALL CAMP

GENERAL HEALTH RECORD

Baseball Plus, 88 Sugar Hollow Road, CT 06897
TELEPHONE: (203) 778-4131 FAX: (203) 778-4132

TO BE FILLED OUT BY PHYSICIAN

1. Name_____Birthdate_____
(Last) (First)

2. Date of exam_____

3. Height_____ Weight_____

4. Identify any medical or emotional illness or disorder which would affect the child's functional ability to participate safely:

_____

5. Is this child taking prescription medication on a daily basis for a chronic illness/condition? [ ] YES [ ] NO

5a. If yes, indicate prescription:_____

6. Is the camper allergic to: [ ] Medication [ ] Bees [ ] Food [ ] Other

6a. Does the camper have: [ ] Asthma [ ] Diabetes [ ] Seizures

6b. If yes please explain & note if a medication is needed.

(*Please see the Medical Administration Form if camper needs medication at camp*):

_____

7. Is the child on a special diet? [ ] YES [ ] NO 7a.Explain:_____

8. Is this child current or in progress with immunizations according to the schedule adopted by the Commissioner of Public Health? (Connecticut General Statute 19a-7f) [ ] YES [ ] NO

IMMUNIZATION RECORD: (Month, Day, Year for each dose)

	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose		
DTP/DtaP/DT						MMR 1st Dose	
OPV/IPV						MEASLES 2nd Dose	
Hib (HAEMOPHILUS INFLUENZA TYPE B						VARICELLA (Chicken Pox) (Recommended)	
HEPATITIS B						Pneumococcal	

The above named person is in satisfactory condition and may engage in all camp activities except as noted:

_____

9. Signature of M.D.:_____Date Form Signed:_____

9a. State Licensed In:_____Lic. #:_____Address:_____

Phone #:_____