



## Mar-Lu-Ridge Physical Examination Form

Mail to: Mar-Lu-Ridge, 3200 Mar-Lu-Ridge Rd., Jefferson, MD 21755 1-800-238-9974 Fax: 301-874-5545

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Physical Examination To be completed by a licensed healthcare provider

**ACA guidelines now require that exams and forms be completed within 12 MONTHS prior to your camp session. A copy of the camper's immunization record is also required.**

1. Does the patient have any medical conditions that MLR Staff should be aware of?

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2. Does the patient have any drug, food or environmental allergies? ☐ No ☐ Yes, please list:

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If so, does the patient require an EpiPen® or other medication for accidental exposure? ☐ No ☐ Yes, please list:

**Complete a Maryland State Medication Administration Authorization Form for each medication**

3. Are all patient immunizations up to date? ☐ Yes ☐ No, the following immunizations are not in compliance with State of Maryland requirements (please also list reason why):

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Date of last Tetanus-containing vaccine: \_\_\_\_\_

4. Current scheduled or PRN medications to be taken while at camp ☐ None ☐ Listed below:

Medication	Indication	Dose & Frequency

**Complete a Maryland State Medication Administration Authorization Form for each medication**, except for the following OTC Meds: Acetaminophen, Ibuprofen, Benadryl, Tums, Anti-Itch Lotion, and Triple-Antibiotic Ointment which are currently covered under standing orders by our camp physician.

5. Additional comments impacting the patient's camp experience:

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6. I have examined the patient listed above within the past 12 months and judge that they are:

- ☐ Cleared for camp without restriction  
☐ Cleared for camp with the following restrictions:

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**Licensed Healthcare Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address and Phone Number or Practice Stamp:

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