



WESTERN CONNECTICUT STATE UNIVERSITY

Summer Music Health Physical Exam Record

A physical examination is **required** within **3 years** of the final date that your child will attend the 2010 WCSU Summer Music programs. This form **must** be completed and signed by one of the specified medical practitioners listed in the signature section at the bottom of the form prior to participation in the summer music program. **Your child will not be permitted to participate in the program without a signed copy of this form on file.** This form is due by **JUNE 15th, 2010.**

Name _____ Date of Birth ___ / ___ / _____ Gender _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Last Physical Exam ___ / ___ / _____

_____ May participate in all camp activities

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? Yes No

If yes, indicate names of medication(s): _____

Does the individual have allergies? Yes No Explain: _____

Is the individual on a special diet? Yes No Explain: _____

Does the individual have special needs? Yes No Explain: _____

This participant is up-to-date on the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practice:

| | Date | | Date |
|------------|------|------------------------|------|
| Measles | | Hepatitis B | |
| Mumps | | Diphtheria | |
| Rubella | | Pertussis | |
| Chickenpox | | Pneumococcal conjugate | |
| Tetanus | | Polio | |

Comments: _____

Print name of medical care provider: _____

Medical Care Provider's Address: _____
Street City State Zip

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number