

# Generals Lacrosse Camp, LLC

Mon-Thurs, July 19-22, 2010

## Physician's Medical Statement

Camper's First Name: \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Does this camper currently have or has she ever had any of the following? Please provide additional explanatory information for any yes responses. Attach additional documentation if necessary:

	NO	YES	Information
Heart Murmurs	_____	_____	_____
Irregular Pulse	_____	_____	_____
Dizziness / Fainting	_____	_____	_____
Nose Bleeds	_____	_____	_____
Diabetes	_____	_____	_____
Epilepsy	_____	_____	_____
Neurological Disorders	_____	_____	_____
Headaches	_____	_____	_____
Asthma	_____	_____	_____
Inhalers	_____	_____	_____
Heat Exhaustion	_____	_____	_____
Heat Stroke	_____	_____	_____
Heat Cramps	_____	_____	_____
Fractures	_____	_____	_____
Sprains	_____	_____	_____
Muscle Injuries	_____	_____	_____
Allergies	_____	_____	_____

Please list all prescription and non-prescription medications the camper is currently taking:

Has the camper ever sustained a head or spinal injury? Has she ever lost consciousness? If yes, to either question, please explain the nature and cause of the injury:

Does the camper have any other medical problems that could interfere with full participation in physical activities? If yes, please explain:

**\*\*VACCINATIONS: Please Include a Copy of the Campers' Immunization Records\*\***

I certify that I have reviewed the medical history and status of the above-named-person, and I certify that she has no medical problems that restrict her from participation in vigorous physical activity while attending Generals Lacrosse Camp, LLC.

Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_

Print Physician Name \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Questions? Please contact Camp Director, Brooke Diamond at 540-458-8668 or [diamondb@wlu.edu](mailto:diamondb@wlu.edu)