



Physical Exam or Specialty Physician(s)/Provider(s) Clinic Notes

Please upload your child's most recent clinic notes from each of the specialty physician(s)/provider(s) listed on your camper's application. This would be a print out of their most recent visit(s) within the last year, and provides details on all their current health conditions. This note must be from your physician(s)/provider(s), not a visit summary from your online account with your clinic.

If your child doesn't see a specialty physician/provider, please have your general practitioner complete the following two-page "Physical Exam Form."

Please upload either of these documents to the 'Physical or Specialty Physician(s)/Provider(s) Clinic Notes' on the 'Parent Dashboard Forms Page'. You or your physician(s)/provider(s) may also send to Roundup River Ranch either by fax at 888-524-2477 or by mail to Roundup River Ranch, C/O Camper Recruiter, 8333 Colorado River Rd., Gypsum, CO 81637.

Camper Name: _____

Birthdate: _____



PHYSICAL EXAM FORM

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

This two-page physical exam form must be completed and signed by the child's PCP or Specialty Doctor

NAME OF PHYSICIAN TO CONTACT	
Primary Care Physician:	Specialist:
Email:	Email:
Address:	Address:
Day Phone:	Day Phone:
After Hours Phone:	After-Hours Phone:
PCP Hospital Affiliation:	Specialist Hospital Affiliation:

GENERAL INFORMATION:

Primary Diagnosis: _____ Date of Diagnosis: _____

Please list current medical issues and/or secondary diagnoses: _____

Surgical History: _____

Is this child immune to varicella? No Yes If yes: By immunization Clinical disease (Date _____) Positive titers

Drug Allergies: _____

Food Allergies: _____

Dietary Restrictions/Limitations: _____

Other Allergies (i.e. bees, horses, latex, mold, etc.): _____

PHYSICAL EXAM: Please list any pertinent physical findings or attach a recent history & physical.

Height: _____ Cm Weight: _____ Kg Blood Pressure _____ Pulse _____ RR _____ O2 Sat _____

Pertinent findings: _____

Physical limitations that might affect participation in camp activities: No Yes

If Yes, please explain, including use of braces, wheelchair, crutches, artificial limbs, or other mobility aids:

Is the child's development appropriate for his or her age? No Yes

If No, at what age does child function? _____

Are there any behavior problems that would affect child's participation in a group? No Yes

If Yes, please describe: _____

Is there anything else you would like us to know about this child? _____

Camper Name: _____

Birthdate: _____



ROUNDUP RIVER RANCH PHYSICAL EXAM FORM

IMMUNIZATION REQUIREMENTS: In order for the child's application to be complete we must receive a copy of the child's most current immunization record. In addition to Colorado state requirements for school attendance, Roundup River Ranch requires a seasonal influenza vaccine and two varicella vaccines. Exceptions are made only for medical contraindications.

RRR is required by law to have all immunization information on the state of CO Immunization form. This form is attached and must be filled out with the dates of each immunization. Alternatively, if you or your clinic participates in the Colorado Immunization Information System (CIIS) you may print immunization records on the state form directly from this site.

CURRENT MEDICATIONS:

Please include IV and subcutaneous meds below. A complete and signed physician's order is required for all medications including OTC medications that will be administered at camp. As an alternative, a physician signed medication list may also be printed and attached.

Prescription Medications	Strength/Concentration	Dose	Route	Frequency/Special Instructions

OTC Medications	Strength/Concentration	Dose	Route	Frequency/Special Instructions

PHYSICIAN'S STATEMENT: I have examined _____ and find him or her physically able to attend camp. I understand the above medical regimen will be followed while the camper is under the care of Roundup River Ranch.

Physician Name (Print)

Signature

Date

Completed by (Print Name)

Signature

Date