

HEALTH EXAM FORM



To Parent(s)/Guardian(s): Please follow the instructions below.

1. Fill out the information under "Youth Information".
2. Give this form and a copy of the Health History form to your child's health-care provider for review.
3. After it has been completed and signed by your child's health care provider, return it to C5 Texas no later than the first day of your young leader's summer program.

YOUTH INFORMATION

Name: _____ Sex: Male Female
Last First Middle

Date of Birth: ____/____/____ Age on first day of summer program ____

Address: _____
Street Address City State Zip

Parent/Guardian Name: _____ Phone: _____

TO BE COMPLETED BY A LICENSED MEDICAL PERSONNEL

C5 requires a health exam within 12 months of summer attendance. A new exam is not necessarily required for participation.

Date of Examination: ____/____/____

BP _____ Weight _____ Height _____

In my opinion, the above applicant is is not able to participate in an active summer program.

The applicant is under the care of physician for the following conditions

Recommendations and Restrictions at C5 Texas Summer Programs

Treatment to be continued while with C5 Texas

Medications to be administered (name, dosage, frequency)

Description of any limitation or restriction on activities

Additional information for C5 Texas health care staff

SIGNATURE OF LICENSED MEDICAL PERSONNEL

Signature _____ Date ____/____/____

Printed Name _____

Title _____ Phone: _____

Address: _____
Street Address City State Zip

C5 TEXAS
 3012 Industrial Terrace | Austin, Texas 78758
 512.832.2516 (ph) | 888.233.7650 (fax)

YOUTH NAME

LAST

FIRST

MIDDLE

C5 USE ONLY

PROGRAM

CABIN/GROUP