

Health Form | Slovenski Camps

A copy of a camper's recent physical form or school health form, complete with immunization history and doctor's signature, may be used in lieu of this form.

Camper's Name: _____

Sex _____ Age _____

Height _____ Weight _____

Allergies: _____

Drug Reactions: _____

Medications: _____

(include dose)

Immunization History

COVID	
DTaP	
Hib	
Hep A	

Hep B	
MMR	
IPV	
Meningococcal	

Pneumococcal	
RV	
Varicella	
Other	

Other pertinent medical information: _____

Signature of Physician

Sign: _____ Date: _____

Name: _____

Name of Practice: _____ Office Phone Number: _____

We prefer this form be brought with the camper on the first day of camp, but it may be faxed to us at 833.596.1642