

Cortland SWIM Sport Camp

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_

Proof of a physical and immunizations is required for participation in summer sports camps at SUNY Cortland. If you have not already had a physical, please take this form to your doctor's appointment.

Date of exam:	Blood pressure: __	Height: __	Weight: __	Vision: Right 20/ __	Left 20/ __
				Corrected	Uncorrected
	Normal	Abn.	Explanation		
Head, Ears, Nose, Throat					
Respiratory					
Cardiovascular					
Gastrointestinal					
Hernia					
Eyes					
Genitourinary					
Musculoskeletal					
Metabolic/Endocrine					
Neuropsychiatric					
Skin					
Is this patient now under treatment for any medical or emotional condition? Yes __ No__					
Are there any restrictions on physical activity related to classes or sports? Yes?__ No__					
If yes please explain _____					

<b>Immunization Record - MUST BE SUBMITTED ON ALL CAMPER.5 BORN ON OR AFTER JANUARY 1, 1957</b>						
Immunization	Date given Mo/Day/Year			Serology date	Immune Yes No	Physician diagnosed disease/date of onset
MMR combined (2 doses)	#1			<b>N/A</b>	<b>N/A</b>	
	112					
Measles (2 doses live vaccine on or after first birthday and after 1967) and	#1					
	112					
Mumps (1 dose of live vaccine on or first birthday) and						
Recommended						
Hepatitis A	III	#2		Serology date and results		Physician diagnosed disease/ Date and onset
Hepatitis B	#1	#2	#3	Serology date and results		N/A
Varicella (Chickenpox)	#1	#2		Serology date and results		Physician diagnosed disease/ Date and onset
HPV vaccine	#1	#2	#3	<b>N/A</b>		<b>N/A</b>
Tetanus/Diphtheria/Pertussis (with in 10 years)	TD given ___/___/___ Or Tdap given ___/___/___					
Meningococcal vaccine	Menactra given ___/___/___ or Menomune given ___/___/___					
This section or an additional official immunization record must be signed by a healthcare provider.						
Signature _____				Date: _____		
Print Name and title _____						
Address _____				Telephone _____		

