Apple Hill Center *for* Chamber Music

DOCUMENTATION OF PHYSICAL EXAMINATION - 2018

To fulfill requirement by N.H. State Law

PARTICIPANT COMPLETE THIS SECTION ONLY

NAME: _____ Male Female
Last First M.I. (Circle)

ADDRESS: _____
Street City State Zip

Date of birth: _____-_____-_____ Name of Parent or Guardian(s): _____
Month Day Year

SESSION(S) ATTENDING: I II III IV V (circle)

This section to be completed, signed, and dated by a physician, licensed advanced registered nurse practitioner, or physician assistant:

HISTORY

ALLERGIES: _____

SERIOUS ILLNESS: _____

HOSPITALIZATION: _____

SURGERY: _____

BEHAVIOR: _____

SPEECH: _____

OTHER: _____

COMMENTS (attach additional page if necessary):

PHYSICAL EXAMINATION

HEIGHT: _____ WEIGHT: _____ B/P_____

E.E.N.T._____HEART_____

TEETH_____LUNGS_____

BACK_____HERNIA_____

COMMENTS (attach additional page if necessary):

PRESCRIPTION MEDICATION

Is the participant on any prescription medication? YES NO (Circle one)

If YES, please list medication, dosage, and instructions on separate sheet. Medication must be in original container. Directions on container must match physician's written orders. Any changes must be authorized and signed by the physician.

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IMMUNIZATION CHART**

Must be completed prior to participant's first day of Apple Hill Summer Session.

Please give month, day and year:

DPT or DT: 1. _____ 2. _____ 3. _____

BOOSTERS: 4. _____ 5. _____

POLIO: 1. _____ 2. _____ 3. _____

BOOSTERS: 4. _____ 5. _____

MEASLES: _____ RUBELLA: _____

MUMPS: _____ OTHER: _____

COMMENTS:

I certify that this participant has received the immunizations and tests required by State Law (RDS 200:38) for Camp attendance: (5 DPT, 4 ORAL POLIO, MEASLES VACCINE, RUBELLA VACCINE, MUMPS VACCINE).

EXCEPTIONS: _____

** Immunization chart must be completed or participant **cannot be admitted** to Apple Hill's summer sessions

HEALTH POLICY

Apple Hill's program requires its participants to rehearse daily for between 3 and 4 1/2 hours; to practice individually for between 1 1/2 and 3 hours; to recreate; to function in a facility which has major hills, steps, and bathroom facilities as much as 200 yards from sleeping quarters; and to function daily with vitality, zest, and good community spirit. Further, Apple Hill does not have professional on-site health care or psychological counseling. Emergency health-care is available in Keene, NH at the Cheshire County Medical Center, a fifteen minute drive from Apple Hill.

In your professional opinion, are there any health or other reasons which would prevent the participant whose name is on this form from functioning and flourishing at Apple Hill? YES NO (circle one)
If YES, please specify/advise:

Other Remarks (attach additional page if necessary):

_____ _____-_____-_____

Physician's Signature **Month Day Year**

_____

Physician's Telephone