

IDAHO DIABETES YOUTH PROGRAMS
 1701 N 12th St. · Boise, ID 83701 · (208) 336-6829 · fax (208) 454-2841

IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION HEALTH EXAMINATION AND CONSENT FORM
 Adaptation for Hodia Wilderness Camp

It is required that all students complete a History and Physical examination prior to approval of camp participation at Hodia Wilderness Camp. The exam is at the expense of the participant. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. This examination must be done annually prior to participation at Hodia Wilderness Camp – regardless of prior camp physicals.

Name _____ Home Address _____ Phone _____
 Grade _____ Sports _____
 Personal Physician _____ Physician's phone number _____
 Date of Birth _____ Sex _____ School _____

HISTORY FORM

	Yes	No		Yes	No
1	___	___	13	___	___
2	___	___	14	___	___
3	___	___	15	___	___
4	___	___	16	___	___
5	___	___	17	___	___
6	___	___	18	___	___
7	___	___	19	___	___
8	___	___	20	___	___
9	___	___	21	___	___
10	___	___	22	___	___
11	___	___	23	___	___
12	___	___			

*Fill in details of "YES" answers in space below:

11. Have you ever sprained/strained, dislocated, fractured/broken, or had repeated swelling or other injuries of any of your bones or joints?

___ Head	___ Neck	___ Chest	___ Back	___ Hip
___ Shoulder	___ Elbow	___ Forearm	___ Wrist	___ Hand
___ Thigh	___ Knee	___ Shin/Calf	___ Ankle	___ Foot

12. Have you ever had any other medical problems such as:

___ Mononucleosis	___ Diabetes	___ Asthma	___ Hepatitis	___ Headaches
(frequent)				
___ Tuberculosis	___ Eye injuries	___ Stomach ulcer	___ Other	

13. Have you had a medical problem or injury since last exam? _____

14. When was your last tetanus shot? _____

When was your last measles immunization? _____

15. What was your last hemoglobin A1c _____

*Explain "YES" answers here: _____

CONSENT FORM -- (Parent or Guardian and Camper Permission and Approval)

I hereby consent to the above named student participating in the Hodia Wilderness Camp. This consent may include travel to and from camp and extensive wilderness exploration. I further consent to treatment deemed necessary by physicians designated by camp authorities for any illness or injury resulting from his/her participation. In the absence of parents, I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

SIGNATURE OF CAMPER _____ DATE: _____

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PHYSICAL EXAMINATION FORM

Height _____ Weight _____ BP _____ / _____ T _____ Pulse _____ R _____
Visual acuity R 20 / _____ L 20 / _____ Corrected: Y N Pupils _____

	Normal	Abnormal
Ears, Nose, Throat	_____	_____
Cardiopulmonary		
Pulses	_____	_____
Heart	_____	_____
Lungs	_____	_____
Skin	_____	_____
Abdominal	_____	_____
Genitalia	_____	_____
Musculoskeletal	_____	_____
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

TETANUS IMMUNIZATION is current : ___ YES ___ NO

Note: If tetanus immunization is not current, please give a tetanus booster today. This is required for participation at Hodia Wilderness Camp.

CLEARANCE / RECOMMENDATIONS

Clearance:

_____ A. Cleared for all Hodia Wilderness Camps including extensive wilderness exploration.

_____ B. Cleared after completing evaluation / rehabilitation for:

_____ C. Student is *NOT* permitted to participate in Hodia Wilderness Camp.
Reason:

Recommendation: _____

Examiner's Signature: _____ Date: _____
(This Physical form must be signed by a licensed physician, physician's assistant or nurse practitioner)

Address: _____ Phone: (_____) _____

PARENT(S): Submit this form to: Hodia Wilderness Camp, 1701 N 12th St., Boise, ID 83701 or by fax to (208) 454-2841. This form is due no later than three (3) weeks prior to camp.