



2026 Medical Provider Form (To be completed by MD/DO/PA/NP)



This 2 page form is **required** and must be completed by a licensed medical provider. The physical examination and all accompanying documentation must be completed within 90 days prior to the participant's start date to camp.

Immunization, Disease, and Exam History

Date of last Health Exam: / / 	YES	NO
Are immunizations/vaccinations up to date according to state school standards? If no, please explain: Please attach a copy of the immunization record.		
Any exposure to any communicable diseases recently?		

General Questions

Has/Does this camper:	YES	NO	Has/Does this camper:	YES	NO
1. Ever been hospitalized?			9. Ever fainted or unexplained dizziness?		
2. Ever had surgery?			10. Chest pain during exercise?		
3. Have recurrent or chronic illnesses?			11. Have any skin problems?		
4. Had a recent infectious disease (ex-flu, covid)?			12. Have a history of sleep walking or difficulty sleeping?		
5. Had a recent injury?			13. Ever had back or joint problems?		
6. Have headaches or migraines?			14. Have a history of bedwetting?		
7. Have seizures or other neurological issues?			15. Problems with diarrhea, constipation, or recurrent stomach pain?		
8. Have asthma?			16. Have diabetes?		

Please provide detailed explanations for any item marked "Yes" in the space below, referencing the corresponding question number. For conditions such as asthma, seizures, or diabetes, please attach a current up to date action plan.

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Mental, Emotional, and Social Health

Has/Does this camper:	YES	NO
Ever been diagnosed or treated for attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?		
Ever been diagnosed with and treated for emotional difficulties, behavioral difficulties, or an eating disorder?		
Seen a professional to address mental/emotional health concerns in the last 36 months?		
Had a significant life event that continues to affect the camper's life? (e.g. divorce, history of abuse, death of a loved one, significant move, adoption, trauma, etc.)		
<p>Please explain any boxes marked "YES" in the space below, attaching a separate sheet if more space is needed:</p>		

Restriction Information (Please Check One):

Camper/staff will participate in daily hockey-related activities, including dryland training, general exercise, and swimming.

I have reviewed the activities of the camp and feel that they can participate without restrictions.

I have reviewed the program and activities of the camp and feel they can participate with the following restrictions or modifications:
 Please describe below. This is to be discussed with the medical staff at camp check in.

Allergies-Attach Action Plan For All Meds Needed

<input type="checkbox"/> No Known Allergies	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Seasonal Allergies	<input type="checkbox"/> Medications
Specify allergy:			
<input type="checkbox"/> Epi Pen/Auvi-Q	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> No meds needed

X _____
 (Provider's Signature)

_____/_____/_____
 (Date)

