



DEPARTMENT OF PARKS, RECREATION & MUSEUMS
Eisenhower Park, East Meadow, NY. 11554
www.nassaucountyny.gov/parks | (516)-572-0245 |

Summer Recreation Program 2026 Physician Report

The camper's physician must complete both sides of this form and the accompanying Standing Orders sheet. If the physician's office has their own form, that is fine as long as all the information needed, and vaccination form are included. Please submit online within **7 days** of registration. All information will be held in the strictest confidence; please be as thorough as possible. **The NY Department of Health requires that a physical exam was completed no more than a year prior to the last day of camp, August 6th.**

Child's Name:		Date Of Exam:
Birth Date:	Weight:	Height:
Blood Pressure:	Urine:	Hematocrit:
Health Care Recommendations by Licensed Physician:		
Is the camper able to participate in an active camp program?		Yes No
Activity Restrictions: Camper is under the care of a physician for the following conditions:		
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Current medications:		
Allergies (food, drug, plants, insects, etc.):		
If yes, should exposure occur, how should reaction be treated? If this is an anaphylactic response, will this child's parent supply an epinephrine device?		
Explanation of any reported loss of consciousness, convulsion, or concussions:		

Please Identify if the camper has any:		
Cardiovascular Conditions:		
Respiratory Conditions:		
Middle Ear Conditions:		
Gastrointestinal Conditions:		
Neurological Conditions:		
Orthopedic Conditions:		
Dietary Restrictions:		
Medications to be administered at camp:		
Additional medical or psychological conditions not listed that we should be aware of:		
Camper Immunization History: Please record the month and year of basic immunizations and most recent booster doses.		
DPT Series:	Diphtheria:	Pertussis:
Tetanus:	Polio Series:	MMR Series:
HIB Series:	Hepatitis B Series:	Chicken Pox (Illness/Vaccine):
Meningitis:	Other:	
We may have neglected to ask something that you feel is needed to adequately address the health needs of this child. If that is the case, please add your comments.		
Physician's Signature:		Physician's Printed Name:
Physician's Address:		Physician's Phone:
Date of Form Completion:	*By (Initial if completed by a nurse or physician's assistant):	

Thank you for helping us to provide a successful summer experience for this camper!

Nassau County Summer Recreation Program
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