



## Diabetes Camp Medical History Form

To be completed by child's primary care physician

The child's **primary care physician/pediatrician** (not the endocrinologist) must complete this form. If your child has been seen by their primary care physician within the past 12 months, that physician should be able to complete the form without another visit. Otherwise, you will need to schedule a visit as soon as possible. The examination is for determining fitness to engage in strenuous activities. A sports physical form from the 2025-2026 school year is an acceptable substitute.

**WE MUST HAVE THIS COMPLETED FORM PRIOR TO May 29<sup>th</sup>**

Last Name	First	M.I.	Date of Birth
Age	Gender	Height	Weight
Blood Pressure	Allergies		

**PHYSICAL EXAM (please circle)**

- HEENT:     WNL   Comments: \_\_\_\_\_
- CV:         WNL   Comments: \_\_\_\_\_
- Resp:       WNL   Comments: \_\_\_\_\_
- GI:         WNL   Comments: \_\_\_\_\_
- Neuro:      WNL   Comments: \_\_\_\_\_
- Skin:        WNL   Comments: \_\_\_\_\_

Are all immunizations up-to-date?   Yes    No (provide further information):

\_\_\_\_\_

May the child participate in strenuous activities?    Yes        No

Please explain any restrictions:

Physician's Name (Please Print)	Signature	Date

\*\*\*Upon completion, you may fax this form to our office at 330-543-8489\*\*\*