



# DUNKLEY'S GYMNASTICS

## PHYSICAL EXAMINATION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ GRADE \_\_\_\_\_

Please indicate below by a check in the column on left any positive findings on physical examination or any handicapping disability and describe fully in section on right:

_____	Nutrition
_____	Skin
_____	Eyes
_____	Ears
_____	Nose
_____	Teeth
_____	Tonsils/Adenoids
_____	Lymph Glands
_____	Heart
_____	Lungs
_____	Abdomen
_____	Genito-urinary
_____	Orthopedic

Height \_\_\_\_\_ Weight \_\_\_\_\_

Description of positive findings:

Recommendations:

Is this child's general physical and emotional status within acceptable standards for *overnight camping*? Yes \_\_\_\_\_ No \_\_\_\_\_

Blood Pressure _____	Urine _____	Hgb/Hct _____
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### IMMUNIZATIONS

	Initial Series	Booster	Booster
DPT	_____	_____	_____
Polio	_____	_____	_____
DT	_____	_____	_____
Tetanus	_____	_____	_____
Measles	_____		
German Measles (Rubella)	_____		
Mumps	_____		

This child may participate in:

- A. Full physical activity/*Gymnastic activity* \_\_\_\_\_
- B. Modified physical activity because of \_\_\_\_\_
- C. Limited physical activity because of \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PHYSICIAN \_\_\_\_\_