



# COSI/OSAAT Physical Examination



**PLEASE fill out ALL pages of the application COMPLETELY and PRINT CLEARLY**

**To be completed by the PHYSICIAN / NURSE PRACTITIONER and returned with application.**  
\* \* \* Application will **NOT** be processed without this form or without a doctor's signature. \* \* \*

**Child's name** \_\_\_\_\_  
First MI Last Exam date (Mo - Day - Yr)

\_\_\_\_\_  LB  
Hem / Onc Diagnosis B/P Height Weight  KG

Date diagnosis first made: -- -- Exam date (Mo-Day-Yr)  
Currently on therapy for cancer? Yes No  
If no, when was therapy completed? -- -- Date (Mo-Day-Yr)

- General exam, normal
- Abnormal findings, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- None
- Active and/or recent medical issues, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- None

**If more space is needed, please photocopy page(s) and continue**

**ALLERGIES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LABORATORY VALUES** (if indicated):  N/A

Normal			Comment
CBC			
Chemistries			

What labs, if any, will this camper require during the camp session and when? \_\_\_\_\_  
\_\_\_\_\_

Labs needed during session should be faxed to: ( ) \_\_\_\_\_

