



Children's Oncology Services, Inc.

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) -- --

Hem / Onc Diagnosis B/P Height Weight ☐ LB ☐ 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: () _____



Children's Oncology Services, Inc.

Physical Examination



Please include routine and PRN medications.

MEDICATIONS:

☐

See attached

Medication Dose		Route	Frequency

On the basis of this examination on this day, I approve this child's participation in the *One Step At A Time*

Summer Camp Winter Camp Family Camp Washington D. C. Advocacy Trip Springfield Advocacy Trip Utah Ski Trip Dude Ranch Trip Whitewater Rafting & Outdoor Adventure Other _____

(please circle the appropriate programs)

_____ With no limitations

_____ With the following limitations _____

This physical exam may serve for any Children's Oncology Services, Inc. Programs through the following Summer Camp session
IF the camper has completed treatment for cancer >1 year prior to the date of this exam.

Physician/Nurse
Practitioner signature

-- --
Date (Mo - Day - Yr)

***** Application will **NOT** be processed without this form or without a doctor's signature. *****