CAMP ONE STEP by CHILDREN'S ONCOLOGY SERVICES

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

Physical Examination - To be completed by the Physician/Advanced Practice Provider

Name	First MI Last			**Exam Date**	Month Day Year		
Diagnosis				DOB	Month Day Year		
Initial date of diagnosis	Month Day Year	Height (cm)		Weight (kg)		Blood Pressure	
Currently on therapy for cancer?	Please Sele	**If yes, please attach a copy of the child s road map.**	If no, when was therapy completed?				
Treatment protocol							

	Normal	Abnormal	Comment (required if abnormal)
General			
Skin			
HEENT			
Lungs			
Heart/CV			
Abdomen			
Extremities			
Neurological			
Other			

ALLERGIES: (If more space is needed, please attach additional page(s) and continue)			
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

LABORATORY VALUES: ☐ N/A

	Normal	Abnormal	Comment (required if abnormal)
CBC			
Chemistries			

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

Labs needed during session should be faxed to the following number: _____

Medical Devices			
Port	☐	Omaya Reservoir	☐
Hickman/Broviac/PICC Line	☐	NG Tube	☐
VP Shunt	☐	G-Tube	☐
Other: _____			

Health Issues	
Cytopenias (specify below) □	Clotting Disorder □
Seizures □	Chronic Pain □
Peripheral Neuropathy □	Nutritional Concerns □
Avascular Necrosis □	Mobility Issues □
Autism □	Cognitive Issues □
ADD □	Aniety □
Bleeding Disorder □	Depression □

Other Concerns (or explain from above):

_____

_____

MEDICATIONS: (Please include routine and PRN medications.)

☐ **See Attached**

Medication	Dose	Route	Frequency

Program Approval (please ✓ the appropriate programs) **Note: You may approve multiple programs.**

On the basis of this examination, I approve this child's participation in the following Camp One Step program(s):

☐ Summer Camp
☐ Winter Camp
☐ Washington D.C. Program
☐ Utah Ski Program
☐ Dude Ranch Program
☐ Utah Adventure Program
☐ Chicago Day Camp

Please Indicate restrictions (if any):	
□ No Restrictions	□ No Tubing or Sledding
□ No Contact Sports	□ No Downhill Skiing or Snowboarding
□ No High-Impact Sports	□ Other: _____

This physical exam may serve for any Camp One Step program within a year of the exam date, **if the camper has completed treatment for cancer, and IF the programs the child is planning on attending are checked for approval by the clinician**.

Physician/APP Signature	_____ Date (Mo – Day - Yr)