

PHYSICAL EXAMINATION REPORT BY PHYSICIAN

In compliance with State Regulations and ACA standards, the signature of a licensed medical provider (doctor) and the parents, the insurance and medical information (including immunizations) must be complete before a camper can attend camp. **Full physical exam must be conducted within 18 months prior to the start of camp. **Doctor may fill out this form or a separate physician's report can be attached.

Participants Name: _____

Pertinent Medical/Psychological History: _____

Allergies/Dietary Restrictions: _____

Height: _____ Weight: _____ Menarche (circle one): yes, no not applicable

Medications to be administered at camp (include dose and interval): _____

The participant will be engaging in a physically active program that includes hiking/ walking, swimming, and various outdoor activities. Are there any restrictions on activities (circle one) yes no

Activity Restrictions (be specific): _____

The following immunizations are required MA Department of Public Health Please attach record or documentation of exemptions.

Grades Kindergarten-6 In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.		Grades 7-12 In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.	
DTaP/Tdap	5 doses; 4 doses are acceptable if the fourth dose is given on or after the 4th birthday; DT is only acceptable with a letter stating a medical contraindication to DTaP	Tdap	1 dose; and history of DTaP primary series or age-appropriate catch-up vaccination; Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥10 years since last Tdap
		Polio	4 doses; fourth dose must be given on or after the 4th birthday and ≥6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4th birthday and ≥6 months after the previous dose
Polio	4 doses; fourth dose must be given on or after the 4th birthday and ≥6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4th birthday and ≥6 months after the previous dose.	Hepatitis B	3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
Hepatitis B	3 doses; laboratory evidence of immunity acceptable	MMR	2 doses; first dose must be given on or after the 1st birthday, and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1st birthday and the 2nd dose must be given ≥28 days after dose 1; laboratory evidence of immunity acceptable	Varicella	2 doses; first dose must be given on or after the 1st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1st birthday and 2nd dose must be given ≥28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable	MenACWY (formerly MCV4)	Grade 7-10: 1 dose; 1 dose MenACWY (formerly MCV4) required; Meningococcal B vaccine is not required and does not meet this requirement. Grade 11-12: 2 doses; second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose; 1 dose is acceptable if it was given on or after the 16th birthday; Meningococcal B vaccine is not required and does not meet this requirement

Tdap (Tetanus, diphtheria, pertussis) _____

Polio _____

Hepatitis B _____ (Evidence of immunity is acceptable)

MMR (Measles, Mumps, Rubella) _____ Booster: _____ (Evidence of immunity is acceptable)

Varicella vaccine or disease (N/A if born before 1980) _____ Booster: _____ (Evidence of immunity is acceptable)

MenACWY (formerly MCV4) _____ Booster: _____

COVID-19 - BCCYMCA strongly encourages participants to be up to date on COVID19 vaccines. Please provide documentation of COVID-19 vaccine and booster records.

TB Risk Assessment (see attached)

Most Recent Physical Exam Date: _____

This individual may participate in any and all physical and athletic activities without restriction unless specifically outlined above. Further, to the best of my knowledge. This individual is not suffering from any contagious disease, including tuberculosis, as of the date of this physical exam..

Signature: _____ MD Date signed: _____

Phone: _____ Address _____ Email: _____

Massachusetts Tuberculosis Risk Assessment

- Use this tool to identify asymptomatic **adults and children** for testing for latent TB infection (LTBI).
- Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.
- **For TB symptoms or abnormal chest X-ray consistent with active TB disease → Evaluate for active TB disease**

Evaluate for active TB disease with a chest X-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing (NAAT). A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

Check appropriate risk factor boxes below.

Latent TB infection testing is recommended if any of the 3 boxes below is checked.

If latent TB infection test result is positive and active TB disease is ruled out, treatment of latent TB infection is recommended.

REPORT Latent TB Infection and Active or Suspected Active TB Disease

Go to www.mass.gov/tuberculosis for reporting forms

Born or lived in a country with an elevated TB rate

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see User Guide for list).
- Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST) for foreign-born persons ≥ 2 years old. The TST is an acceptable test for all ages when administered and read correctly.

Immunosuppression, current or planned

HIV infection, organ transplant recipient; treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication

Close contact to someone sick with infectious TB disease *since last TB Risk Assessment*

No TB risk factors. TB test not indicated; no TB test done.

Provider: _____

Patient Name: _____

Assessment Date: _____

Date of Birth: _____

See the **Massachusetts Tuberculosis Risk Assessment User Guide** for more information about using this tool.