

HANDI*CAMP 2011 PHYSICIAN'S FORM

Handi*Camp is sponsored by Handi*Vangelism Canada
A ministry of Bible Centered Ministries International (Canada) Inc.
685 Main Street East, Hamilton, ON L8M 1K4
Daniel Barrette, Handi*Camp Director (905) 549-9810
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THIS MUST BE COMPLETED BY A LICENSED, PRACTICING PHYSICIAN

APPLICANT'S NAME _____

PRIMARY MEDICAL DIAGNOSIS _____

ADDITIONAL MEDICAL DIAGNOSIS (if any) _____

Height _____	Weight _____	Pulse _____	Blood pressure _____
Eyes _____		Lungs _____	
Glasses? _____	Contact lenses? _____	Lymph nodes _____	
Ears _____		Abdomen _____	
Nose _____		Hernia _____	
Mouth _____		Genitalia _____	
Throat _____		Extremities _____	
Teeth _____		Posture (spine) _____	
Heart _____		Skin _____	

General Appraisal _____

Additional comments/restrictions _____

In my opinion, applicant (circle one) **IS / IS NOT** able to participate in an overnight camping program designed for persons with physical disabilities.

Physician's signature _____ Date _____

Physician's Name _____

Office Address _____

City _____ Province _____ Postal Code _____

Office Phone () _____