LA VIDA ADVENTURE CAMP PHYSICIAN'S FORM

This form must be completed by a licensed health care provider and returned prior to attending camp. A signed photocopy of the camper's immunization records and a signed physical from the last 18 months will also be accepted as a replacement for this physician's form.

Height	Camper name		First	Middle initial	_ Sex: Female Male
Are there any abnormalities of: No YES		inches Weight			
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