Medical Form
****To be completed by a Physician****

Applicant's Name _____ Last Tetanus shot date: _____

Please examine the following areas:

	Normal	**Abnormal (describe)**		**Normal**	**Abnormal (describe)**
Eyes			Cardio-Vascular		
Ears			Respiratory		
Nose			Abdominal		
Throat / Mouth			Neurological		
Skin			Musculoskeletal		

Check if applicant has had any of the following and list treatment needed:

☐Bleeding/Clotting disorders
☐ Frequent ear infections
☐Heart defect disease
☐ Frequent Urinary Tract Infections
☐ Diabetes_____
☐ Shunt_____

Has applicant been hospitalized in the past year? ☐YES ☐ NO
If so, give reason:_____

Has applicant ever required any psychiatric treatment/counseling or hospitalization?

☐YES ☐ NO

If yes, give date/reason: _____

Medical Form (cont.)

I have examined the above-named individual and certify that they are in satisfactory physical condition, free from any contagious or infectious disease and capable of active participation in the regular vacation/respite program.

Signature of Physician completing physical:

_____

Doctor's Name (Print)

Date of Examination:_____

Address:_____
City:_____ **State:**_____
Zip:_____
Phone:_____ **Fax:**_____

Participant, Care-provider and/or Legal Guardian should complete this section.

I will be responsible for bringing the prescription drugs to Eggleston in the original labeled container from the pharmacist. I also understand that I am responsible for maintaining a sufficient quantity of the medication at Eggleston to avoid any interruptions in the physician's orders. Failure to do this will result in termination of this authorization.

Participant Signature: _____ Date:

Authorized Representative _____ Date:

Telephone numbers:

(home)_____(work)_____

Medications must be in their pre-packed bubble packs, as received from the pharmacy. This policy covers all prescription and non-prescription such as Tylenol. The label must include the participant's name, route, dosage, time to be administered, quantity and the prescribing physician's name (please call with questions).