



ADTC - The ULTIMATE Overnight Dance Camp!

Info@DanceADTC.com * www.AmericanDanceTrainingCamps.com

Ask Us Anything!
866-383-ADTC

Health Exam/Record for ADTC Staff

Physical Exams are Valid for 2 Years from Date of Last Exam

Name _____ Date of Birth ____/____/____ Guardian Name _____

Phone _____ Address _____

Emergency Contact Name _____ Telephone _____

Date of Arrival at Camp: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

____ May participate in all camp activities

____ May participate except for: _____

Is this individual taking prescription or over the counter medication(s) that may hinder their capabilities to be responsible both mentally and physically for children? ____YES ____NO

Does the individual have allergies? ____YES ____NO Explain: _____

Is the individual on a special diet? ____YES ____NO Explain: _____

Does the individual have special needs? ____YES ____NO Explain: _____

This individual is up-to-date on all the following routine immunizations currently recommended by the American Camp Association and National Advisory Committee on Immunization Practices:

	YES	NO		YES	NO
Measles			Hepatitis A		
Mumps			Hepatitis B		
Rubella			Diphtheria		
Chicken Pox			Pertussis		
Tetanus			Pneumococcal Conjugate		
Meningococcal Meningitis			Tuberculosis Test		
COVID-19*			Polio		

* We have a strong preference for all staff to meet the CDC requirement for [up to date COVID vaccinations](#), which includes a booster shot.

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____ Suite # _____

Medical care provider's City/Town: _____ Zip Code _____ Country _____

Signature of Physician, PA, APRN or RN: _____

Date Form Signed: ____/____/____