



MEDICAL RECOMMENDATION

MAIL TO THE OFFICE BY MAY 15, 2009

Ogichi Daa Kwe
3515 Michigan Avenue
Cincinnati, OH 45802
www.ogichi.org
Phone: (513) 772-7479
Fax (513) 772-5673

CAMPER/PARTICIPANT NAME: _____

I. Parents/Participants: All participants need to get a physical from a physician before attending an Ogichi program. Physicals are valid for 24 months unless major illness or injury has occurred within that time period.

II. To Physician and Nurse Practitioners: This person has enrolled in a summer residential program at Ogichi Daa Kwe. The program includes physical activity (i.e. swimming, athletics, canoeing, climbing, etc.), which takes place in a wilderness setting. Our staff will use this information to help meet the health needs of this camper. Note that all staff have wilderness first aid and CPR training.

III. Immunization History – Please attach a copy of Immunization Record from your physician.

a. Date of most recent Tetanus Injection: ____/____/____

b. Has the participant had? (Circle One)

Measles	Y	N	Mumps	Y	N
Chicken Pox	Y	N	Hepatitis	Y	N
German Measles	Y	N			

IV. General Health

Height: _____ Weight: _____ Pulse Rate: _____ Blood Pressure: _____

General appearance: _____

Nutrition: please note here if other than general diet is advised: _____

Head: _____

Eyes: _____

Skin: _____

Ears: _____

Nasopharynx: _____

Neck: _____

Mouth/Throat: _____

Genital: _____

C.N.S.

Speech: _____

Cognitive

Learning Disabilities: _____

Episodes of loss of consciousness: _____

Allergies

Dermatitis: _____

Environmental: _____

Cardiovascular: _____

Respiratory: _____

Musculoskeletal

Muscles: _____

Extremities: _____

Bones: _____

Joints: _____

Back: _____

Seizures (Febrile/Afebrile) _____

Staring Episodes: _____

Medication Allergies: _____

Food: _____

Do you have any concerns about this person participating in Ogichi's trip program? (Please Circle)

YES NO

If yes, please attach a written explanation of your concerns.

Physician (Print): _____ Phone: _____

Physician Signature: _____ Date: _____