HEALTH INFORMATION for Adult Campers

United Cerebral Palsy's
CAMP SMILE
There's No Limit To The ADVENTURE

3058 Dauphin Square Conn.
Mobile, AL 36607
Phone: #251-479-4900
Fax: #251-479-4998
campsmile@ucpmobile.org

Your Name: _____
First Name Middle Initial Last Name

Home
Address: _____
Street Address

City: _____ State: _____ Zip: _____

Date of Birth: Phone:

_____ (____)_____
(month/day/year)

1. Are camper's immunizations up to date? _____Yes _____No

2. Date of most recent tetanus immunization (Month & Year):

_____
**Must be within the last ten years **

3. Date of last TB test: _____

   Results: _____positive _____negative

Name of Doctor: _____

Address: _____

_____

_____ _____
Physician's Signature Date