



Social Skills Summer Day Program
fun for kids & much more for parents

STAFF MEDICAL CLEARANCE FORM

Dear Provider:

Your patient wishes to work as a summer camp Counselor or Chaperone this summer at Big Apple Day Program. This position involves periods of standing, sitting, and athletic sports activities with children both indoors and outdoors for up to 8 hours or more, each day for six weeks. These positions require the ability to watch over and attend to school age children. Please indicate any restrictions or requirements for participation as a summer camp Counselor or Chaperone for this patient.

If you have any questions before completing this form please call: 646-450-6210. Completed forms can be faxed, mailed, or securely emailed (see our contact info at the bottom).

Provider's Report (Providers: select and initial one of the three following items):

_____ I have performed a physical exam of this patient and find no restrictions and have no exceptional recommendations for participation as a camp Chaperone or Counselor.

_____ I have performed a physical exam of this patient and based on current or previous medical conditions recommend that the medical staff at Big Apple Day Camp be aware of the following conditions which could affect this patient while working this summer (Example: allergies, insulin use, injury that prevents certain movement, asthma, etc.)

_____ I have performed a physical exam of this patient and based on current or previous medical conditions I cannot recommend participation as a camp Counselor or Chaperone for Big Apple Day Program this summer. My reasons have been explained to this patient.

Patient Name (print clearly): _____

Physician's Signature _____

Date _____

Physican's Name (printed) _____

Provider's Office Address _____

Provider's Office Phone Number _____