

PEDIATRIC CARDIOLOGIST CAMPER PARTICIPATION FORM



Patient's Name: _____
First MI Last

D/O/B: ____/____/____ Date of Last Visit: ____/____/____

Cardiac Diagnosis: _____

Type of Surgeries/Procedures: _____

Other Known Medical Diagnoses: _____

General Appraisal (any symptoms currently): _____

Cardiac Restrictions (diet, activity, special needs, etc.):

Do you know of any cardiac or behavioral issues that might cause the camper to be a risk to him/herself or others in a camp environment?

**PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT
OR FAX TO Louise D'Amato @ 401-444-7619. THANK YOU!**

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

Examining Pediatrician Signature

Examining Pediatrician (Print Name)

Date

Phone Number



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