

Thunderbird Ranch

Bruce & Elizabeth Johnson, Owners/Directors
9455 Hwy. 128 ~ Healdsburg, CA 95448
Phone: 707 433-3729 ~ Fax: 707 433-2960
E-mail: alexvalley@aol.com

This form must be filled out by a licensed physician.

A standard physician's school; or camp health form may be used in place of this form.

Camper Name _____ Date _____

was examined and found to be in good health and immunizations are current. In my opinion, the above applicant
 is is not able to participate in an active camp.

Date of last Tetanus booster _____

Description of any restrictions or limitations _____

The applicant is under the care of a physician for the following conditions _____

Current treatment at time of this report includes _____

Treatment to be continued at camp _____

Medications (name, dosages, frequency) _____

Identify any medications taken during the school year that applicant does/does not take during the summer:

Any additional information that you as the examining physician feel would be beneficial for the camp to know
about this patient: _____

Examining physician signature _____

Physician name (printed) _____ Date _____

Address _____

Phone () _____

"Where the Fun never sets"