

Indiana Hemophilia & Thrombosis Center, Inc.
Camp Brave Eagle
Medical Information

To Be Completed By Primary Physician

Physician's Name: _____

Address: _____ Telephone: (____)_____

Camper's Name: _____ DOB _____

Address: _____ Telephone: (____)_____

Weight: _____ Kgs Height _____ Blood Pressure: _____ / _____

Date of Last Examination: _____

PHYSICAL EXAMINATION (Physician to complete)

	Normal/Abnormal		Abnormalities Explained
General	<input type="checkbox"/>	<input type="checkbox"/>
Head	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>
Nose	<input type="checkbox"/>	<input type="checkbox"/>
Mouth	<input type="checkbox"/>	<input type="checkbox"/>
Throat	<input type="checkbox"/>	<input type="checkbox"/>
Chest	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>
Neurological	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic	<input type="checkbox"/>	<input type="checkbox"/>
Psychological	<input type="checkbox"/>	<input type="checkbox"/>

Additional Space: _____

Assessment:

Recommendations:

Physician's Signature

Date

General Medical Information: (parents to complete)

Other medical problems (please check)	No	Yes	Explanation
Heart disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy.....	<input type="checkbox"/>	<input type="checkbox"/>
Seizures.....	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>
Hayfever.....	<input type="checkbox"/>	<input type="checkbox"/>
Bed Wetting.....	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Drug Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>
Other Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>

List surgical procedures and/or major complications:

.....

.....

.....

Medications:	Name	Dosage	Frequency
Please list all meds that camper will bring	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Hospitalizations in past year: no yes

If yes, explain _____

Immunization Information: (OK to attach)

CAMPERS CANNOT BE ACCEPTED IF THIS SECTION IS INCOMPLETE

	Dates of immunizations:	
Polio vaccine	_____	
Measles vaccine	_____	
Rubella vaccine	_____	
Mumps vaccine	_____	
HIB vaccine	_____	
Diphtheria-tetanus booster	_____	
Hepatitis A vaccine	_____	
Hepatitis B vaccine	_____	
TB skin test and date	_____	(neg_____ pos_____)
Tetanus	_____	
Other	_____	

Immunizations are up to date. (please provide date of last Tetanus shot.)

Sign _____ Date: _____

Name:

Bleeding Disorder Information: (completed by parent)

Homecare Co. _____ Phone Number: _____
Type of Bleeding Disorder:(i.e. VIII, IX, vWD) _____
Level _____
Inhibitor: no yes If yes: Titer: _____

Major sites of Hemorrhages:

Joints: _____
Muscle: _____
Soft Tissue: _____

Bleeding Disorder Treatment Protocol:

Home infusion: yes no
Self infusion: yes no
Prophylaxis: yes no
Central venous catheter: yes no

Infusion product: **Factor** **DDAVP/Stimate** **other** _____
Type (Brand Name): _____
Prophy schedule: _____ *

Units/treatment: Major bleeds _____ units / Minor bleeds _____ units
Frequency of infusions per month: _____

Episodes of unusual reactions or non-response to infusion therapy:
no yes If yes specify _____

Is there a pre-treatment medication regimen?
no yes If yes specify _____

Blood type: _____ (if known)

***If your child is on a prophylaxis infusion regimen, we may ask you to infuse at home on Sunday morning prior to attending camp.**