



Association of Horizon, Inc.
Health Examination Form 2024
Due: June 10, 2024

This form can be scanned and uploaded with your application or mailed to the correct address.

RETURN FORM TO: Jen Hanenburg
Association of Horizon Recruitment - Participant
1970 Harvard Lane
New Lenox, IL 60451-3804
773-477-5170
jen.hanenburg@associationofhorizon.org

Sheila Caplis
Association of Horizon Recruitment - Volunteer
4537 N. Mozart
Chicago, IL 60625-8937
773-477-5170
sheila.caplis@associationofhorizon.org

NAME: DATE OF BIRTH:
ADDRESS: TELEPHONE:
EMERGENCY CONTACT: RELATIONSHIP:
If applicant is under 18 years of age-this must be parent or guardian!
TELEPHONE: (home) (other)

Please supply all information requested. The purpose of this form is to give information to the camp health care staff to assist them in assuring a safe week for each person at camp, and to be able to provide efficient care in case of emergency.

Do you have completed advance directives? (Living Will, Power of Attorney for health care) YES / NO
If yes, please upload copies of the forms in the application or mail the copies in.

HEALTH EXAMINATION This section is to be completed by a licensed physician or other health care professional.

HT: WT: B/P: Temp: Heart rate:
Normal OR Essential Finding, Deviating From Normal

Head:
Eyes/Vision:
Mouth/Teeth:
Ears/Hearing:
Neck/Thyroid:
Heart:
Thorax/Lungs:
Abdomen/Hernia:
Lymphatics:
Spine/Posture:
Extremities:
Skin/Wounds:
Mental Health:
Emotional:

General Appraisal or Diagnosis:

Recent Respiratory Infection? YES / NO If yes, give details:

Recent Hospitalization or Surgery? YES / NO If yes, give details:

Nutritional Needs:

Other:

Recommendations and Restrictions during the camp week:

**Association of Horizon, Inc.
Health Examination Form 2024
Due: June 10, 2024**



The person named on this form wishes to participate in a camping program for persons with physical disabilities. Participation involves being outdoors and engaging in physical activities such as swimming and boating. Persons without physical disabilities may be required to do lifting. Please determine whether or not you consider this person physically and emotionally able to participate, and identify any specific restrictions that are required.

In your estimation, is this person able to attend and participate in a camping program, except as identified by your recommendations and restrictions? YES / NO

I have examined the person herein described and have reviewed her/his health history.

Examiner's Signature: _____ **Date:** _____

Print Name: _____

CAMP APPLICANT NAME: _____ **DATE OF BIRTH:** _____