Association of Horizon, Inc.
Health Examination Form 2027
Due: June 10, 2027

This form can be scanned and uploaded with your application OR e-mailed/mailed to the contact below.

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

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

NAME: _____ **DATE OF BIRTH:** _____
ADDRESS: _____ **TELEPHONE:** _____
EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____
If the 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.

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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: _____

_____

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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:** _____