

Plymouth Township- Pediatrician Medical Form

For Participants in Summer Camp / After School Rendezvous

Plymouth Township is committed to providing a healthy, safe and affordable recreational experience to residents and their guests. Due to resident concerns and to safeguard program participants, Plymouth Township must request confirmation from all program participants that they are medically fit to participate and that they meet minimum public health vaccination standards.

Please have the participant's physician complete the below. Medical/vaccination certification forms obtained for school or day care purposes will also be accepted in place of this form. Note: Your child will not be permitted to participate until this form is returned.

TO BE COMPLETED BY PARENT:

Name of Participant (Print): _____ will be taking part in a summer camp / recreation program to include the following physical activities:

(Provide examples of activities or attach a program description):

TO BE COMPLETED BY PHYSICIAN:

By affixing my signature below, I certify that based on my examination of the participant:

Check One:

- He/she is physically able to participate in the activity without requiring accommodations
 He/she is physically able to participant in the activity but requires the following accommodations:
(please specify): _____

Check One:

He/she is up-to-date with vaccinations required under Title 28 Pa. Code § 23.82 (School Vaccinations) and/or Title 28 Pa. Code §27.77 (Childcare Vaccinations).

Ref: <http://www.pacode.com/secure/data/028/chapter23/subchapCtoc.html>

<http://www.pacode.com/secure/data/028/chapter27/s27.77.html>

- He/she is medically exempt from vaccinations as per Title 28 Pa. Code § 23.84 (a)
 Parents/guardians are claiming exemption from vaccination on religious grounds per Title 28 Pa. Code § 23.84 (b)

Certification

Physician Name (Print): _____

Physician Signature: _____

Date: _____

Name and Address of Practice: _____

>>RETURN FORM WITH PROGRAM REGISTRATION MATERIALS<<