

Misquah Recreational Group  
Health Certificate

**Important** - This form must be completed by a physician and returned with every client application form.

Client's Name: \_\_\_\_\_

Previous Medical History	Current Medications
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

1. Has the client been hospitalized within the last year? Explain.

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2. Does the client have any allergies? Please list.

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3. Has the client had a seizure within the last year? If so, please give date/type.

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Upon examination of the medical records of the client named above, I attest the above information to be accurate and current. I believe the client to be physically and medically capable of attending an outdoor recreational summer camp.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date