

All ECDC staff members must have had a medical examination by a licensed physician within the past 24 months.

- 1) Please attach a copy of your health examination record.
- or -
- 2) Have a licensed physician complete the verification of health examination form below:

Verification of Health Examination

_____ had a health
(name of staff member)

examination within the past 24 months, specifically on _____.
(date of exam)

1) Please describe any current or ongoing treatment or medications : _____

2) Please describe any physical condition that might require restrictions on
participation in camp activities or program : _____

(Signature of physician) (Date)



P O Box 1027, San Clemente, CA 92674
Phone: 800/775-9772 FAX: 949/369-9819