



PHYSICIAN'S EVALUATION FORM

Please fill out, sign and fax the next page to:

Fax #: 707-586-3159

If you have any questions about this form, please contact Pam Lee at:

Phone: 707-573-8545

E-mail: pamlee1@aol.com

Thank you for helping this camper apply for
The Camp Gut Busters 2012 Summer Camp!
For more information about Camp Gut Busters,
Please visit www.ibdcamp.org

Camp Gut Busters

PHYSICIAN'S EVALUATION FORM

TO BE COMPLETED BY CAMPER'S PEDIATRIC GASTROENTEROLOGIST or PNP

Camper's Name:			
Diagnosis:			
Extent of Disease:			
Patient Medical History we should know:			
Extraintestinal Manifestations:			
Medications:			
<p>CAMPER NAME: _____ is physically able to participate in CAMP GUT BUSTERS located at Camp Arroyo in Livermore, CA, a camp for kids with Inflammatory Bowel Disease (IBD), sponsored by The Taylor Family Foundation and the IBD Summer Camp Foundation. I understand that a Pediatric Gastroenterologist and PNP's will staff the camp health center during the duration of camp.</p>			
<p>CAMP GUT BUSTERS should: ACCEPT <input type="checkbox"/> or DECLINE <input type="checkbox"/> camper's application.</p> <p>If DECLINE, please explain:</p>			
Physician's Name:			
Physician's Address:			
Phone:		Fax:	
Signature:		Date:	