

**PEDIATRIC CARDIOLOGIST CAMPER PARTICIPATION FORM**



Patient's Name: \_\_\_\_\_  
  First  MI  Last

D/O/B: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Date of Last Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardiac Diagnosis: \_\_\_\_\_

Surgeries/Procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pacemaker?   Y \_\_\_\_\_                      N \_\_\_\_\_

Other Known Medical Diagnoses: \_\_\_\_\_

General Appraisal (any symptoms currently): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardiac Restrictions (diet, activity, special needs, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any cardiac or behavioral issues that might cause the camper to be a risk to him/herself or others in a camp environment? IF YES, PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM WITH YOUR APPLICATION AND WE WILL HAVE YOUR PEDIATRIC HEART CENTER CARDIOLOGIST SIGN IT. OR FAX TO Louise D'Amato @ 401-444-7619. THANK YOU!**

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

\_\_\_\_\_  
Examining Cardiologist Signature

\_\_\_\_\_  
Examining Cardiologist (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number



**Hasbro Children's Hospital**  
The Pediatric Division of Rhode Island Hospital  
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