



Family Summer Camp Physician Exam Form

IMPORTANT: In order to attend camp, **those diagnosed with cancer (current and recent past)** must have their primary oncologist complete and return this form to CFN **BY JULY 1st**.

For questions call 406-587-8080 or email: Director@CancerFamilyNetwork.org.

MAIL completed form to: CFN, P.O. Box 6446, Bozeman, MT, 59771 **or FAX** 406-556-1050.

Date this form is completed: _____

Patient Name: _____ Date of Birth: _____

Medical Diagnosis (to assist in case of emergency, diagnosis must be described for our on-site medical staff):

Date of diagnosis: _____ Primary site of cancer: _____

Is the patient currently undergoing chemotherapy? _____

Is the patient currently undergoing radiation therapy? _____

Date of last course of treatment (prior to attending CFN Camp in mid-July): _____

Please list any chemotherapy/radiation to be given during camp time & facility name/location:

Physical program requirements: Participating in CFN of MT camp is truly a “camp” experience. Our program requires navigating stairs, walking on uneven terrain, bus travel, options for horseback riding and river floating - some long, active days. Participants share living, dining, social quarters with many other families and volunteers of all ages.

In light of these requirements, please describe any physical/emotional limitations this patient may have:

Please list **ALL** medications participant is currently taking:

Physician Name: _____ Practice: _____

Physician Signature: _____ Date: _____

Thank You!