



## Health and Personal History

### Directions for Medical Forms

The following medical forms must be completed for all campers and by the individuals indicated. Please read the following directions carefully. All forms received by Camp Bon Coeur will be checked for completeness. If any information is missing, the form(s) will be returned to you. This may be a factor in the applicant's admittance to camp. These forms must be filled out within 6 months of encampment.

***January 1, 2025, is the first date for which these forms can be completed.***

### Health and Personal History-

This section must be completed by a legal parent or guardian of all applicants or staff members who are under the age of eighteen. Staff members who are 18 years of age or older must complete this form.

***Please include a copy of your child's current Immunization Record.***

**Camper packets are not considered complete until all paperwork is returned to the camp office and has been reviewed and approved by the Medical Review Committee.**

Please note: Campers who do not turn in their completed medical forms on or before ***May 15, 2025***, will not be considered for camp.

## Health and Personal History

Last Name	First	Nickname	Date of Birth	Age
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**Does the applicant now have or has the applicant ever had...**

		Yes	No
<b>1.</b>	<b>Allergies</b>		
a.	Medication Allergies (Please list all meds that your child may be allergic to.)		
b.	Food Allergies (Please list all foods that your child may be allergic to.)		
c.	Insect Sting Allergies		
d.	Pollen/Hay Fever Allergies		
e.	Animal Dander Allergies		
<b>2.</b>	Chronic/Recurrent Illnesses other than Heart Condition (Please List)		
<b>3.</b>	Bleeding disorder or easy bruising If yes, is he or she on Coumadin? Yes No		
<b>4.</b>	Asthma or Shortness of Breath		
<b>5.</b>	Seizures		
<b>6.</b>	Fainting Episodes or Dizzy Spells		
<b>7.</b>	Stroke/Paralysis		
<b>8.</b>	Hypertension (High Blood Pressure)		
<b>9.</b>	Diabetes		
<b>10.</b>	Migraine Headaches		
<b>11.</b>	Strep Throat		
<b>12.</b>	Ear/Sinus Infections		
<b>13.</b>	Pneumonia		
<b>14.</b>	Skin Problems		
<b>15.</b>	Hepatitis		
<b>16.</b>	Immunosuppression or Immunocompromised (Can get Infections Easily)		
<b>17.</b>	Bowel or Bladder Problems		
<b>18.</b>	Orthopedic Problems		
<b>19.</b>	Learning Difficulties		
<b>20.</b>	Attention Deficit Disorder/Hyperactivity		
<b>21.</b>	Emotional or Behavioral Problems		
<b>22.</b>	Feeding – Eating Disorders, Alternate Routes, Alternate Needs		
<b>23.</b>	Sleepwalking		
<b>24.</b>	Bedwetting		
<b>25.</b>	For Females-Irregular menstrual periods of severe cramps Age at onset of menses: _____		

Please explain in detail any “yes” answers, noting the number of questions and dates of occurrence.

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## Medical Examination Form

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### Medical Examination Forms-

This section must be completed by a licensed physician or nurse practitioner within 6 months of encampment. It should be filled out at the time of the examination. We must have the original signature on file. Please mail or delivery original paperwork to the camp office at:

Camp Bon Coeur  
300 Ridge Rd. Ste. K  
Lafayette, LA 70506

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## Medical Examination Form

Note: The Medical Examination Forms must be completed and signed by a Licensed Physician or Nurse Practitioner.

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Current Medical Diagnoses \_\_\_\_\_

### Past Hospitalizations – Non-Cardiac Related

Date	Institution	Reason

### Past Surgical/Interventional – Non-Cardiac Related

Date	Procedure	Institution

### Medications – Please list all non-cardiac related medications.

Name	Dose	Route	Frequency	Times	Indication

### Allergies

Allergy	Type of Reaction

**Medical Examination Form**

**Review of Systems** (Please check all that apply)

System	Yes	No
Hearing/Vision Problems		
Stroke/Weakness		
Seizures		
Syncope		
Migraine Headaches		
ADD/ADHD		
Cyanosis		
Asthma/RAD		
Respiratory Infections		
Sinus Problems/Otitis		
Nose Bleeds		
Coagulopathy		
Anemia		
Asplenia		
Chest Pain/Angina		

System	Yes	No
Arrhythmias		
Palpitations		
Hypertension		
Edema		
Kidney/Bladder Problems		
Diabetes/Endocrine Problems		
Skin Problems/Rashes		
Musculoskeletal Disease/Injury		
Upper G.I. Problems		
Diarrhea/Constipation		
Hepatitis		
Mononucleosis		
Strep Infections		
Emotional/Behavioral Problems		
Other		

Please give details for any "Yes" answers.

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**Physical Examination**

Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse Ox \_\_\_\_\_

General \_\_\_\_\_

Head \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_

Are P.E. tubes present? \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Chest \_\_\_\_\_

CV \_\_\_\_\_

Abdominal \_\_\_\_\_

M/S \_\_\_\_\_

Neurological \_\_\_\_\_

Developmental \_\_\_\_\_

Lab Data: Date \_\_\_\_\_ Hct \_\_\_\_\_ Hgb \_\_\_\_\_ Other \_\_\_\_\_

**I have, to the best of my ability, provided the information on this form accurately.**

MD/NP Signature \_\_\_\_\_

Date \_\_\_\_\_



## Cardiology Information Form

### Directions for Medical Forms

The following medical forms must be completed for all campers and staff by the individuals indicated. Please read the following directions carefully. All forms received by Camp Bon Coeur will be checked for completeness. If any information is missing, the form(s) will be returned to you. This may be a factor in the applicant's admittance to camp. These forms must be filled out within 6 months of encampment.

**January 1, 2025, is the first date for which these forms can be completed.**

#### Cardiology Information Forms-

These forms should be completed by the applicant's pediatric cardiologist. This information is extremely important in determining the camper's suitability for participation in camp activities. Please include a copy of the most recent clinic letter, and if possible, a diagram of the child's heart for teaching purposes. Please mail or delivery original paperwork to the camp office at:

Camp Bon Coeur  
300 Ridge Rd. Ste. K  
Lafayette, LA 70506

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## Cardiology Information Form

Note: The Cardiology Information Forms must be completed and signed by a Pediatric Cardiologist.

\_\_\_\_\_  
Patient Name

### Cardiac Diagnoses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Past Surgical/Interventional Procedures

Date	Procedure	Institution

Is further intervention/surgery anticipated? If so, what type of procedure and when?

\_\_\_\_\_  
\_\_\_\_\_

### Pacemaker/ICD

Make/Model \_\_\_\_\_ Implant Date \_\_\_\_\_  
 Mode \_\_\_\_\_ Lower Rate \_\_\_\_\_ Upper Rate \_\_\_\_\_ Last Evaluation \_\_\_\_\_  
 Indication for Pacing \_\_\_\_\_ Underlying Rhythm \_\_\_\_\_  
 Site of Generator \_\_\_\_\_  
 Name/Phone Number of Professional or Company Rep \_\_\_\_\_

**Medications – Please list all current medications. A current list of meds may be requested by the camp 2 weeks prior to camp.**

Name	Dose	Route	Frequency	Times	Indication

Are there any OTC medications that this patient **should not** take? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, please list medication and reason.

\_\_\_\_\_  
\_\_\_\_\_



**Cardiology Information Form**

**Recommended SBE Prophylaxis**

None \_\_\_ Standard Amoxicillin Regimen \_\_\_ Erythromycin \_\_\_ Other (describe) \_\_\_\_\_

**If patient is on Coumadin...**

Most recent INR: \_\_\_\_\_ Date: \_\_\_\_\_ How often checked: \_\_\_\_\_

**Cyanosis**

Is the patient cyanotic? Yes \_\_\_ No \_\_\_ Last Pulse Ox Reading \_\_\_\_\_

Acceptable Pulse Ox Range while at rest \_\_\_\_\_ and while at activities \_\_\_\_\_

**Cardiac Transplantation**

Has the patient had a cardiac transplant? Yes \_\_\_ No \_\_\_

If yes, please include the name, address, and phone number of the Transplant Coordinator.

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**Note...** In our Heart Program, a pediatric cardiologist or cardiology nurse practitioner teaches the campers about their hearts. Please include any other information that you think may be important or helpful for the camp physicians and nurses in the education or care of this applicant:

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**Please attach of copy of the patient's last clinic progress note with this form. Thank you.**

I have, to the best of my ability, provided the information on this form accurately.

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**Pediatric Cardiologist Signature**

**Date**

### Activity Participation Form

Note: The Activity Participation Form must be completed and signed by a Pediatric Cardiologist or Cardiology Nurse. Camp Bon Coeur encourages participation in all activities. However, if a camper becomes fatigued, he/she will be allowed to rest as needed. Keep in mind that CBC is located in Louisiana and is 37 feet above sea level.

Please check the appropriate level below which best describes the activity level for this camper.

\_\_\_\_\_ **Full Active Participation** Camper is able to engage in non-competitive, non-contact games requiring moderate exercise, which may involve running short distances.

\_\_\_\_\_ **Partial Active Participation** Camper is able to engage in limited activities requiring minimal physical effort and may require occasional rest periods.

\_\_\_\_\_ **Limited Active Participation** Camper is able to engage in sedentary activities only requiring no physical effort and must rest frequently. Camper can, however, benefit from attendance at Camp Bon Coeur.

\_\_\_\_\_ **No Active Participation** Camper is physically, emotionally, or mentally unstable and should not attend camp at this time.

**Is the applicant able to participate in...**

Instructional and recreational swimming?	Yes	No
Jumping (feet first) into the swimming pool?	Yes	No
Bowling?	Yes	No
Horseback riding (no cantering/galloping)?	Yes	No
Archery?	Yes	No
Gym recreational activities- ball and floor games in air conditioning?	Yes	No
Team relay activities (light running)?	Yes	No
Aerobic activities (low intensity/low impact)?	Yes	No
Walking up and down a flight of stairs several times a day?	Yes	No
Walking on the nature trail (approx. ¼ mile)?	Yes	No
Is the applicant able to walk 150 yards (ON and OFF ROAD) without extreme fatigue?	Yes	No
Activities outside in extreme heat and humidity?	Yes	No

Please give specific details for any "No" answers.

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**I have, to the best of my ability, provided the information on this form accurately.**

**Pediatric Cardiologist Signature**

**Date**

**Please mail original forms to:**

Camp Bon Coeur  
300 Ridge Rd, Ste. K  
Lafayette, LA 70506