

MYDA HEALTH EXAMINATION BY LICENSED PROVIDER 2023 – TO BE COMPLETED BY CHILD’S ENDOCRINOLOGIST
DUE 7/20/2023



Name:	DOB:	Gender:	Pronouns
Date of Diagnosis:	Date of Last Exam:		
Height: _____ cm/in	Weight: _____ kg/lb	BP:	
Date of last A1C:	A1C Value:		

Medical History: Please include other diagnoses, episodes of DKA, nocturnal hypoglycemia, and hypoglycemia requiring IV glucose, history of seizures, broken bones, and surgeries. Please attach separate sheet if needed.

Diagnosis/Incident	Date	Treatment	Camp considerations

Allergies (must be indicated to be recognized at camp)

Allergy	Reaction	Treatment

Medications: Please attach

Activities to be encouraged at camp:
Activities to be limited at camp:

Technology and Brand used by Camper (Pump with reservoir size, CGM, Smartpen, phone Apps)
Preferred infusion set: (Brand, tubing length, cannula size)
Adhesives used:

Are there any physical or emotional health issues which might create a problem for him/her at camp? (i.e Home sickness, gender diversity, needle phobia etc):

PROVIDERS:

- Please attach most up to date insulin regimen
- Are parents/guardians allowed to make small adjustments yes/no
- Do you recommend high activity profile for camp (ex: 80% basal) yes/no
- Dosing regimen in case of pump failure:

Long Acting	Carb Ratio	Correction Factor

Licensed Provider’s Name _____
 Licensed Provider’s Signature _____ Date _____
 By _____ (Initial if completed by nurse/assistant)