



Camp Northstar Inc.

157 Monell Ave. Islip NY 11751

631-650-5184

E-mail: campnorthstar@optonline.net

A PPD test is required for all campers on an annual basis. Please return this form in the enclosed envelope as soon as possible.

NAME _____

PPD	DATE GIVEN	DATE READ	RESULT
	_____	_____	_____
	_____	_____	_____

Required yearly If positive, chest x-ray required.

CHEST X-RAY:

DATE _____ RESULT _____

The above named individual is physically and mentally able to perform his/her assigned duties and is free of active communicable disease.

Signature of examining MD

Printed Name and Date

Stamp