

---

# Forms2\_Cardiology

---

**Recommended Subacute Bacterial Endocarditis Prophylaxis**

recommended subacute bacterial endocarditis prophylaxis    ☐ None ☐ Standard

other

**Check the letter below describing the level of exercise tolerance in which the applicant is able to participate.**

full active participation with no restrictions    ☐

full active participation with moderate exercise    ☐

partial active participation with light exercise    ☐

limited active participation with no exercise    ☐

**Allergies:**

Medication/Trigger		Date of the last Reaction		Type of Reaction	
Medication Trigger1:textfield		date of the last reaction1	<input type="text"/>	type of reaction1	<input type="text"/>
medication trigger2	<input type="text"/>	date of the last reaction2	<input type="text"/>	type of reaction2	<input type="text"/>
medication trigger3	<input type="text"/>	date of the last reaction3	<input type="text"/>	type of reaction3	<input type="text"/>

**Medications:**

Medication / Strength / SIG:

Special Instructions:

medication strength  
sig1special  
instructions1medication strength  
sig2special  
instructions2medication strength  
sig3special  
instructions3medication strength  
sig4special  
instructions4medication strength  
sig5special  
instructions5

**Non-prescription medications we stock in the camp infirmary are listed below: Please check those which we SHOULD NOT administer**

non prescription  
medications

☐ Acetaminophen ☐ Advil ☐ Benadryl ☐ Caladryl ☐ Chloraseptic Spray  
☐ Cough Medicine ☐ Dramamine ☐ Kaopectate ☐ Meclazine ☐ Milk of  
Magnesia ☐ Pepto Bismol ☐ Sudafed

describe  
any recent  
operations  
or serious  
illness


describe  
any  
physical  
disability  
affecting  
camp  
activity


describe  
any  
pertinent  
findings on  
examination


#### Cardiac Rhythm/Device History

does  
applicant  
have a  
history of  
dysrhythmias

☐  
Yes  
☐  
NO

does  
applicant  
have a  
pacemaker  
or icd

☐  
Yes  
☐  
NO

**Pacemaker**pacemaker  
brandpacemaker  
modelpacemaker  
programmed  
topacemaker  
modepacemaker  
lower ratepacemaker  
upper rate**ICD**icd  
brandicd  
model

[IMAGE]

has icd discharged recently and how often

**Cardiac Transplant Only**date of  
transplant

surgeon

name of center

phone

evidence of rejection    ♦ Yes ♦ NO

[IMAGE]

if  
evidence  
of  
rejection  
then  
type and  
grade


**Physical Exam:**

height  weight  heart rate  o<sub>2</sub> saturation

**Blood Pressures:**

bp ra  bp la  bp rl  bp ll

**Pulses:**

pulses rue  pulses lue  pulses rle  pulses lle

cardiovascular  precordial activity  murmurs

neurological  lungs

abdomen  gi gu