

Health History

Do NOT mail this form. Bring it with you to camp. State law requires a current, signed form for the employee to be permitted to stay at camp. To be filled out by employee (and guardian, if under 18) not more than 6 months before arrival at camp.

Social Security No: _____

Name _____ Date of Birth _____ Age _____ Male ___ Female ___

Insurance Carrier _____ Insurance ID# _____ Group # _____

Parent or Guardian _____ Business Phone (____) _____

Home Address _____ Home Phone (____) _____

Emergency Contact (or second parent): _____ Phone (____) _____

Health History

(Check, Give Approx Dates.)

- Chicken pox
- Measles
- German Measles
- Mumps
- Frequent Ear Infections
- Sleepwalking
- Bedwetting
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting Disorders
- Hypertension
- Mononucleosis
- Psychiatric Treatment
- Allergies: (dates not needed)**
- Hay Fever
- Poison Ivy
- Beestings
 - Beesting kit?
- Penicillin
- Other drugs
- Asthma
- Other (specify) _____

Chronic or Recurring Illness _____

Operations or Serious Injuries (dates) _____

Dietary Restrictions _____

Current medications to be continued at Camp: _____

Name of Orthodontist _____ Phone _____

Any specific Activities to be Encouraged? _____

Activities Restricted by Physician: _____

For Female:

Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____ Special Considerations? _____

Cabin # _____
Name _____

Important: Parent's Authorization. Signature required for camp attendance:

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as I have noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for myself (my child). In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for myself (my child) as named above. This completed form may be photocopied for trips out of camp.

Signature of Employee _____ Date _____

Signature of parent or guardian _____ Date _____

(if employee is under 18 years of age)

Please Complete Reverse Side Also:

Immunization History (to be completed by parent or physician's office)

Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) <u>DPT</u> Tetanus or	1. 2.	1. 2. 3.
Tetanus Diphtheria <u>TD</u> or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles Mumps <u>MMR</u> Rubella (German measles)		
Other		
Tuberculin test given: (most recent)		
Haemophilus influenza b (HIB)		

Physical Examination

Have your health-provider use this form, OR attach his/her own form, OR attach a signed copy of school/camp/or sports physical dated not more than 24 months before your arrival at camp.

I have examined the above camp applicant within the past two years. Date Examined: _____

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.

Height _____ Weight _____ Blood Pressure _____

Does the applicant have epilepsy? No Yes Does the applicant have diabetes? No Yes

Is the applicant under the care of a physician for any conditions? No Yes Please explain: _____

Any restriction of activities: _____

Any medically prescribed meal plan or dietary restrictions: _____

Any treatment/medications to be continued at camp(give specific dosages): _____

Any Allergies (food, drugs, plants, insects, etc): _____

Additional Health Information: _____

Licensed Health-Provider's Signature _____ Date _____

Address: _____ Phone (____) _____

Date of form completion _____ By _____

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State Law prohibits employees staying at camp without a signed physical exam.