2017 Beth Tfiloh Camps Health History for Staff

All staff members, both new and returning, must complete this form. No doctor's exam or signature is required. Do not leave any section of this form blank; use N/A where appropriate.
Return this form along with your contract.

Information on this form is not part of the application/hiring process, but is gathered at the time of the job offer to assist the camp in identifying appropriate care, to ensure safe participation in camp activities, comply with American Camp Association standards, and to confirm the employee's ability to perform the essential functions of the job. This Health History Form will be available only to health suite staff and those with a legitimate need to see it.

Please do not leave any section of this form blank; use N/A where appropriate.

staff member's name		date of birth
name of emergency contact #1		relationship to staff member
best phone number	second phone number	third phone number
name of emergency contact #2		relationship to staff member
best phone number	second phone number	third phone number
name of physician		physician's phone number
name of dentist		dentist's phone number
insurance carrier or hospital		policy number

Medical History

Write "Yes" next to any that apply or write an approximate date if possible.

	frequent ear infections		chicken pox
	heart disease or defect		measles
	convulsions		german measles
	diabetes		mumps
	bleeding or clotting disorder		mononucleosis
	hypertension		psychiatric treatment

For the below listed allergies, write "Yes" if any apply. No dates are necessary.

	hay fever		poison ivy
	insect stings		penicillin
	asthma		other, please specify:

List and explain any psychological/psychiatric counseling or treatment that would have any impact upon this employment

Note any serious operations or injuries, with dates if possible

Note any disability or chronic or recurring illnesses or conditions

Note any dietary restrictions

Note any treatment to be continued while at camp

Note any activities or situations that a physician has advised you to limit

Immunization History

For each of the following, indicate if you received the immunization or booster by checking 'YES' or 'NO'.

Complete this section to the best of your ability. No doctor's signature is needed.

☐ no	☐ yes	dpt or td or tetanus	☐ no	☐ yes	tuberculin test
☐ no	☐ yes	polio	☐ no	☐ yes	haemophilus influenzae (hib)
☐ no	☐ yes	varicella (chicken pox)	☐ no	☐ yes	hepatitis b
☐ no	☐ yes	measles | mumps | rubella			

THIS CANNOT BE LEFT BLANK	month	day	year
Date of most recent tetanus immunization or booster			
example	11	15	2011

If any medication is brought to camp, it must be accompanied by written orders from the prescribing physician. Get the needed form from the camp office. All medications must be stored during the day in the nurse's office.

This health history is correct so far as I know, and the person herein described has permission to engage in all aspects of traditional youth camp programming including strenuous sports and daily swimming except as noted above. If there are any exceptions, an explanation and a Physician's statement must accompany this Health History. I also agree to have a medical examination and/or provide more extensive medical information from a physician if there are any restrictions on my full participation in all job tasks and camp activities or if the camp requests me to do so.

Authorization for Treatment: If I cannot do so myself, I hereby give permission to the medical personnel selected by the camp director, or the camp health supervisor, to order X-rays, injections, and routine tests, to secure and administer treatment, including hospitalization, and arrange necessary transportation for the person herein described. The physician listed above will be contacted first if possible. This and other health related forms may be photocopied for trips out of camp. I understand and agree to abide with the restrictions, if any, placed on my activities at camp. I also agree to advise the camp immediately in writing if there is any substantive change in my health between the time this form is completed and the end of the camp season.

I have completed the Health History form to the best of my abilities and knowledge. Should any medical issue presently exist or arise during the summer that will limit my participation in activities I will notify The Camp administration immediately.

signature of minor (under age 18) staff member | date

signature of adult staff member,
or parent/guardian of minor staff member | date