



# Camp Health Examination Part I

## Health History

Camper Name: \_\_\_\_\_ Birthdate: MM/DD/YYYY Sex: M - F Age: \_\_\_\_\_  
Last Name First Name Circle one

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Street & Number City State or country Postal Code

If not available in an emergency notify:

1.) Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Street & Number City State or country Postal Code

2.) Name: : \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: : \_\_\_\_\_

Street & Number City State or country Postal Code

<b>HEALTH HISTORY:</b> Give approximate date	<b>Allergies:</b>	<b>Disease:</b>
Ear Infection _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Poison Ivy, etc. _____	Measles _____
Convulsions _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior issues _____	Other drugs _____	Asthma _____

Operations or serious injuries with dates: \_\_\_\_\_

Chronic or recurring illness: \_\_\_\_\_

Other: \_\_\_\_\_

Any specific activities to be encouraged: \_\_\_\_\_

Any specific activities to be restricted: \_\_\_\_\_

**IMPORTANT:** Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

Suggestions from parent: \_\_\_\_\_



## Camp Health Examination Part II Immunizations & Examination

### IMMUNIZATION HISTORY

Required immunizations must be determined locally. This is a record of basic immunizations and most recent booster doses.

DPT Series \_\_\_\_\_ Booster \_\_\_\_\_ Tetanus Booster \_\_\_\_\_  
 Polio OPV (Savin) \_\_\_\_\_ Booster \_\_\_\_\_ Typhoid \_\_\_\_\_  
 Measles Vaccine (live) \_\_\_\_\_ Tuberculin test \_\_\_\_\_  
 German Measles (Rubella) \_\_\_\_\_ Smallpox \_\_\_\_\_ Mumps Vaccine (live) \_\_\_\_\_  
 Other state or municipal examinations required for staff (if any): \_\_\_\_\_

### MEDICAL EXAMINATION- *to be completed by licensed physician*

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is to determine fitness to engage in strenuous activity.

#### Code:

-- Satisfactory

X-Not satisfactory (explain)

O-Not Examined

Eyes _____	Extremities _____
Glasses _____	Posture (spine) _____
Ears _____	Skin _____
Nose _____	Allergy (specify) _____
Throat _____	
Teeth _____	Height _____
Heart _____	Weight _____
Lungs _____	Blood Pressure _____
Abdomen _____	Hgb. Test _____
Hernia _____	Urinalysis _____

General Appraisal:

### Recommendations and restrictions at camp

Special diet \_\_\_\_\_

Special medicine (name) \_\_\_\_\_ Is parent sending it? \_\_\_\_\_

Swimming, diving \_\_\_\_\_

Strenuous activity \_\_\_\_\_

Other \_\_\_\_\_



### Camp Health Examination Part III Medication

For your camper's future medical needs at Woodcraft the NYS Department of Health requires direction from your family doctor for us to administer any over the counter medications on an as needed basis. Below is a list of commonly used drugs for your doctor's approval. If there are any additional drugs your doctor thinks are appropriate please include them at the end.

	Doctor's Approval	
	YES	NO
Swimmer's Ear: Isopropyl Alcohol 1-2 drops every 4 hours		
<i>After Bite</i> or Diphenhydramine HCL 2% for insect bites/itch relief		
Bug Repellent: to prevent bug bites		
Alcohol wipes: for cleaning small wounds		
Betadine: for cleaning small wounds		
Hydrogen Peroxide: for cleaning small wounds		
Sun block: prevention of sun burn		
Moisturizing lip treatment/sun block: prevention		
Antifungal cream: for athlete's foot or for fungal infections		
Ibuprofen: per child's weight/age given every 4-6 hours ( <i>pain, swelling, fever</i> )		
Acetaminophen: per child's weight/age given every 4-6 hours ( <i>pain, swelling, fever</i> )		
Diphenhydramine: 25 mg every 4 hours <i>for minor allergies or minor allergic reaction</i>		
Hydrocortisone 1% cream: for local/topical skin irritation		
Pseudoephedrine over 12 yrs. age: for stuffy nose due to allergy		
Throat Lozenges: non-medicated, 1 every hour (as needed) for throat irritation		
Antibiotic ointment: for minor cuts/scrapes		
Petroleum Jelly: for minor skin irritations		
Aloe Cream/Cooling gel: for minor burns and sunburn		
Calamine Lotion: for bug bites or poison ivy		
Poison Ivy Cream: for itch and drying		
Lice Treatment Shampoo		
Saline eye wash: for minor eye irritation		
Cough Syrup: use as directed		
<b>Please add any additional medication approved by a physician:</b>		

**I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted. I have also indicated which over the counter medications are allowable.**

★ Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Email/telephone: \_\_\_\_\_



## Health Insurance Information

**Camper(s) Name(s):** \_\_\_\_\_

**Name of insured (parent or guardian):** \_\_\_\_\_

**Relationship to camper:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Social Security Number of insured (for insurance company):** \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_

**Identification Number:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_

## Parental Authorization

The health history, health examination, and insurance information are correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named.

★ **Parent/guardian signature:** \_\_\_\_\_

**Camper name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## MENINGOCOCCAL MENINGITIS VACCINATION

Dear Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningococcal meningitis. New York State Public Health Law (NYS PHL) §2167 and Subpart 7-2 of the State Sanitary Code requires overnight children's camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for 7 or more consecutive nights.

Adirondack Woodcraft Camps is required to maintain a record of the following for each camper:

- A response to receipt of meningococcal disease and vaccine information signed by the camper's parent or guardian; AND EITHER
- A record of meningococcal meningitis immunization OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections.

About 1,000- 1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who live, another 11%-19% lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16-21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as Penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.



# RESPONSE FORM

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

Check one box and sign below.

- My child has had the meningococcal conjugate vaccine (MCV4), for example Menactra or Menveo.

Date received: \_\_\_\_\_

[Note: The Centers for Disease Control and Prevention (CDC) recommend two doses of MCV4 for all adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16. Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.)

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease.  
I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_