

Camp NEOFA

Health History Form



OF ODD FELLOWS

2017 Camping Season

Forms due no later	Mo./Day: Dates will attend	camp	, 2017 to _	,2017_	
than June 15th to:	Compan Nama				
Dir. Michael Sang 640 New England	Camper Name:First		Middle	Last	
Guilford, CT 06437	Male Female	Date of Birth		on Arrival at Camp	
To Parents/Guardian: Please follow the instructions below. If add ional space is needed, please attach separate sheets. 1) Complete this form and make one more copy. 2) Give the Original, signed form to the person who gave it to you. 3) Have the last page -4- (of Health History Form done by Licensed Medical Personnel) completed by a licensed medical professional – a medical exam MUST have been conducted within 12 months of camp attendance.					
Camper's Home Address	(Street Address)				
	(Street Address) ody to be contacted in case of injury/emerg Relationship		(State)	(Zip /Postal Code	
Name	to Camper		Phone #(s)		
			Email address		
Home Address(Street A	ddress)	(City)	(State)	(Zip/Postal Cod)	
Second Parent/Guardian or Other	er Emergency Contact:				
Name	Relationshipto Camper		Phone #(s)		
	rents/Guardians cannot be reached:				
Name	Relationship to Camper		Phone #(s)		
Tvaine	to camper				
Allergies: No Known Allergies This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other (Please describe below what the camper is allergic to and the reaction seen)					
Restrictions: I have reviewed the programs of the camp and feel the camper can participate without restrictions I have reviewed the programs of the camp and feel the camper can participate with the following restrictions or adaptations:(please describe below)					
Medical Insurance Information: The camper is insured by family medical/hospital insurance Yes No Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.					
Insurance Company		Policy Num	ber		
Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize secure proper treatment for and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status					
Signature of Custodial parer If for religious or of	nt/Guardianother reasons you cannot sign this, co	Date ntact the camp for a le	Relations	ship to Camper be signed for attendance.	
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Camp NEOFA and/or Northeast Odd Fellows Association is not responsible for any non-work related expenses

MEDICATIONS BEING TAKEN:

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes medications as follows? Med #1 Dosage Specific time taken each day Reason for Taking:	This person takes NO medication on a routine basis.						
Reason for Taking: Med #3			Dosage		Specific time taken each day		
Reason for Taking: Med #3	Reason for Taking:						
Reason for Taking: Attach addition pages for more medications. Identify any medications taken during the school year that participant does/may not take during the summer. GENERAL QUESTIONS: (Explain "yes" answers below.) Has/does the participant: YES NO 1) Had any recent injury? 2) Have a chronic or recurring illness/condition? 3) Ever been hospitalized? 4) Ever had surgery? 4) Ever had surgery? 5) Had a recent illness? 6) Had a recent infectious disease? 7) Ever had a head injury? 8) Ever had a head injury? 9) Have asthma, wheezing, shortness of breath? 10) Wear glasses, contacts or protective eyewear? 11) Ever had frequent ear infections? 12) Have diabetes? 13) Have diabetes? 14) Have diabetes? 15) Ever passed out during or after exercise? 26) Have an orthodontic appliance being brought to camp? 27) If female, have adhormal menstrual history? 28) Have an diabetes? 29) Ever had an eating disorder? 21) Have diabetes? 21) Have diabetes? 22) Have an orthodontic appliance being brought to camp? 31) Have diabetes? 32) Have any skin problems (itching,rash,acne)? 33) Have any skin problems ditching,rash,acne)? 34) Have any skin problems with diarrhea/constipation? 35) Have any skin problems with diarrhea/constipation? 36) Have diabetes? 37) If female, have ahonormal menstrual history? 38) Have diabetes? 39) Ever had an eating disorder? 30) Ever had emotional difficulties for which professional help was sought? 31) Ever had chest pain during or after exercise? 31) Traveled outside country in past 9 months?	Med #2		Dosage		Specific time taken each day		
Reason for Taking: Attach addition pages for more medications. Identify any medications taken during the school year that participant does/may not take during the summer. GENERAL QUESTIONS: (Explain "yes" answers below.) Has/does the participant: YES NO 1) Had any recent injury? 2) Have a chronic or recurring illness/condition? 3) Ever been hospitalized? 4) Ever had surgery? 5) Had a recent illness? 6) Had a recent illness? 7) Ever had a read injury? 8) Ever had head injury? 9) Have asthma, wheezing, shortness of breath? 10) Wear glasses, contacts or protective eyewear? 10) Wear glasses, contacts or protective eyewear? 11) Ever had frequent ear infections? 12) Have diabetes? 13) Have diabetes? 14) Have headaches? 15) Ever passed out during or after exercise? 16) Ever had chest pain during or after exercise? 17) Ever had a neating disorder? 18) Ever had problems with joints (knees, ankles) 21) Have any skin problems (itching,rash,acne)? 22) Have any skin problems (itching,rash,acne)? 23) Have any skin problems with diarrhea/constipation? 24) Had mononucleosis in the past 12 months? 25) Had problems with diarrhea/constipation? 26) Have problems with diarrhea/constipation? 27) If female, have abnormal menstrual history? 28) Have a history of bedwetting? 29) Ever had enotional difficulties for which 20) Ever had chest pain during or after exercise? 30) Ever had enotional difficulties for which 21) professional help was sought? 31) Traveled outside country in past 9 months?	R	eason for Taking:					
Attach addition pages for more medications. Identify any medications taken during the school year that participant does/may not take during the summer. GENERAL QUESTIONS: (Explain "yes" answers below.) Has/does the participant: YES NO YES NO YES NO 1) Had any recent injury?	Med #3			Dosage		Specific time taken each day	
Has/does the participant: YES NO	Attach addition pages for more medications.						
17) Ever been dizzy during or after exercise? 2 Have a chronic or recurring illness/condition? 3 Ever been hospitalized? 4 Ever had surgery? 5 Had a recent illness? 6 Had a recent infectious disease? 7 Ever had a head injury? 8 Ever been knocked unconscious? 9 Have asthma, wheezing, shortness of breath? 10 Wear glasses, contacts or protective eyewear? 11 Ever had frequent ear infections? 12 Have diabetes? 13 Have abhormal menstrual history? 14 Have headaches? 15 Ever had a head injury? 26 Have an orthodontic appliance being brought to camp? 27 Had annonucleosis in the past 12 months? 28 Had problems with diarrhea/constipation? 29 Have an history? 21 Ever had problems with diarrhea/constipation? 22 Have an history? 23 Have an history? 24 Had mononucleosis in the past 12 months? 25 Had problems with diarrhea/constipation? 26 Have problems with sleepwalking? 27 If female, have abnormal menstrual history? 28 Have a history of bedwetting? 29 Ever had an eating disorder? 30 Ever had emotional difficulties for which professional help was sought? 31 Traveled outside country in past 9 months?	GENER	RAL QUESTIONS: (Explain "yes" answe	rs below	v.)			
PLEASE EXPLAIN ANY YES ANSWERS, NOTING THE NUMBER OF THE QUESTIONS.	1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11) 12) 13) 14) 15)	Had any recent injury? Have a chronic or recurring illness/condition? Ever been hospitalized? Ever had surgery? Had a recent illness? Had a recent infectious disease? Ever had a head injury? Ever been knocked unconscious? Have asthma, wheezing, shortness of breath? Wear glasses, contacts or protective eyewear? Ever had frequent ear infections? Have diabetes? Have seizures? Have headaches? Ever passed out during or after exercise?		NO	18) 19) 20) 21) 22) 23) 24) 25) 26) 27) 28) 29) 30)	Ever been dizzy during or after exercise? Ever had high blood pressure? Ever been diagnosed with a heart murmur? Ever had back problems? Ever had problems with joints (knees, ankles) Have an orthodontic appliance being brought to camp? Have any skin problems (itching,rash,acne)? Had mononucleosis in the past 12 months? Had problems with diarrhea/constipation? Have problems with sleepwalking? If female, have abnormal menstrual history? Have a history of bedwetting? Ever had an eating disorder? Ever had emotional difficulties for which professional help was sought?	
	PLEAS	PLEASE EXPLAIN ANY YES ANSWERS, NOTING THE NUMBER OF THE QUESTIONS.					

Which of the following	Please give all dates of imr						
Has the participant had?	Vaccines I	Dates Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
Measles Chicken Pox German measles Mumps Hepatitis A Hepatitis B Hepatitis C TB Mantoux Test Date of Last Test Result: Positive Negative Copy of School Immunization USE THIS SPACE TO PROVID AND PHYSICAL, EMOTIONAL	DTP TD(Tetanus/Diphtheria) Tetanus Polio MMR or Measles or Mumps or Rubella Haemop[hilus influenza B Hepatitis B Varicella (chicken pox) On Record No Immi Medical E ANY ADDITIONAL INF	unizations due to the formation of the f	to religiou (Need a si	ıs, philos gned pa 'HE PAI	sophical rental le	or becar	use it was
Mental, Emotional and Social Health: Check Yes or No for each statement. Has the camper: 1) Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? 2) Ever been treated for emotional or behavioral difficulties or eating disorder? 3) During the past 12 months, seen a professional to address mental/emotional health concerns? 4) Had a significant life event that continues to affect the camper's life? PLEASE EXPLAIN YES ANSWERS IN THE SPACE PROVIDED.							
The following non-prescription me manage illness and injury. <i>Cross o</i> Acetaminophen (Tylenol) Phenylephrine decongestant (Su Antihistamine allergy medicine Diphenhydramine antihistamine Sort throat spray Lice shampoo or cream (Nix or Calamine lotion Bismuth subsalicylate for diarrh	ut those the camper should to dafed PE) allergy medicine (Benadryl) Elimite)	not be given. Ibuprof Pseudo Guaifer Dextroi Generic Antibio	Center and fen (Advillephedrine ne sin coug methorpha c cough dr tic cream	, Motrin) deconge th syrup (an cough cops	stant (Su (Robituss syrup (R	dafed) sin) obitussi	

Name of Family Physician		Phone
Address		
Name of Family Dentist/Orthodontist		Phone
Address		
Health Care Recommendations by I	icensed Medical Personnel:	
I examined this individual on	(ACA accreditation requirement	s specify exams within 12 months of camp attendance)
BP	Height	Weight
In my opinion, the above applicant The applicant is under the care of a ph	is is not able to participate in an acysician for the following conditions:	ctive camp program.
Recommendations and Restrictions	at Camp:	
Treatment to be continued at camp		
Medications to be administered at cam	p (name, dosage, frequency)	
Description of any limitation or restric	tion on camp activities	
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	MEDICAL DEDCOME	
	Dot	
Phone	Dat	e