

Health Form for Plast Vykhovnyky 2016

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form is to be filled by adult campers/staff members.

I. Identification

Name of Adult Participant *

First Last

Date of birth *

 / /

MM DD YYYY

Gender *

Female Male

Eye colour *

Height *

Weight *

Hair colour *

Name of Family Physician *

Physician Phone Number *

 - -

####

II. Medical/Hospital Insurance

Provincial Health Plan Number *

Supplementary Insurance Carrier *

If you do not have Supplementary Insurance, please enter "None" in these fields, and leave the phone number blank.

Supplementary Insurance Carrier Toll-Free Phone

 - -

####

Supplementary Insurance Group Number *

Supplementary Insurance Identification Number *

III. Immunizations

For youth (under 18) required immunizations: tetanus and diphtheria toxoids, measles, mumps and rubella, chicken pox (disease or immunization), and polio. For youth (under 18) recommended immunizations: measles booster at age 12 and hepatitis A and B. Youth and adults require a tetanus booster within 10 years. If had disease, please list the diseases and the years they occurred. If immunized, put the year of immunization.

Tetanus - Year immunized

Diphtheria - Year immunized

Pertussis - Year immunized

Measles - Year immunized

Mumps - Year immunized

Rubella - Year immunized

Polio - Year immunized

Chicken Pox - Year immunized

Hepatitis A - Year immunized

Hepatitis B - Year immunized

If the applicant had any of the listed diseases, please list the diseases and the years they occurred.

IV. Lifestyle History

Are you aware of any allergies to food, environment or medications? *

No Yes

If yes, please explain allergen and reaction to allergen:

Does you carry an EpiPen? *

No Yes

V. Medical History

Please list any medical conditions, as well as the severity and stability of the condition and any necessary information for the camp directorship (булава) below.

Will you be taking any medications (prescribed or otherwise) at camp? *

No Yes

If yes, please indicate the medication, dose and timing below:

Two Contacts In Case of Emergency (ICE)

Name of First ICE Contact

First Last

Phone Number of First ICE Contact

- -

####

Name of Second ICE Contact

First Last

Phone Number of Second ICE Contact

- -

####