

**2010 Camp High Hopes - Staff Medical Form - page 1 of 2**

• Name \_\_\_\_\_ Age \_\_\_\_\_

• Do you have Hemophilia? Yes \_\_\_ No \_\_\_ And / Or Von Willebrands? Yes \_\_\_ No \_\_\_

Hemophilia Type: Factor 8 \_\_\_ Factor 9 \_\_\_ Other \_\_\_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe \_\_\_

Von Willebrands Type: 1 \_\_\_ 2A \_\_\_ 2B \_\_\_ 2M \_\_\_ 2N \_\_\_ 3 \_\_\_

Inhibitor \_\_\_ Prophylaxis \_\_\_ What brand factor do you use? \_\_\_\_\_

Prophylaxis schedule \_\_\_\_\_

**NOTE:** You MUST bring your own Factor and Medications to camp. You do not have to bring infusion supplies like needles and syringes. You must bring any braces, supportive wraps, canes or other DME you need. ALL MEDICATIONS & INFUSION SUPPLIES BROUGHT TO CAMP WILL BE KEPT IN THE INFIRMARY IN COMPLIANCE WITH NEW YORK STATE HEALTH DEPARTMENT GUIDELINES.

• Doctor's name (optional) \_\_\_\_\_ Phone \_\_\_\_\_

• Do you have:

Frequent sore throats _____	Frequent colds _____	Sinus infections _____
Sleepwalking _____	Stomach problems _____	Fainting _____
Kidney disease _____	Appetite loss _____	Heart Disease _____
Fevers _____	Hay fever _____	Sun Sensitivity _____
Asthma _____	Seizures _____	Diabetes _____
Constipation _____	Diarrhea _____	False Teeth _____
Tubes in ears _____	Glasses/Contacts _____	Swimmer's Ear _____
Hypertension _____	Artificial joint _____	Other _____

If yes to any, please explain: \_\_\_\_\_

\_\_\_\_\_

• Allergies to medicine, insects or foods? \_\_\_\_\_

\_\_\_\_\_

Do you get allergy shots? Yes \_\_\_ No \_\_\_ For \_\_\_\_\_

• **IMMUNIZATIONS must be completed per NY State Department of Health Regulations.**

This form will be sent back to you and you WILL NOT be accepted at camp if ALL information is not completed. Attach a copy of your immunization record if you have one. You **must** provide proof of tetanus immunization.

	Original Vaccination Dates	Date of Booster
Tetanus	_____	_____
Polio	_____	_____
Dpt	_____	_____
Measles, mumps, rubella (MMR)	_____	_____
Hepatitis vaccine	_____	_____
Other	_____	_____

Have you ever had: Chicken Pox? YES \_\_\_ NO \_\_\_ Hepatitis? YES \_\_\_ NO \_\_\_

Measles? YES \_\_\_ NO \_\_\_

• Weight \_\_\_\_\_ Pounds OR Kilograms

• Height \_\_\_\_\_ feet \_\_\_\_\_ inches

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• Do you have physical limitations/restrictions from any activities? Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Are you on any medications at present? Describe all: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* You MUST bring at least a 9 day supply of these Medications to camp. ALL Medication must come with written instructions from your Physician. NY Health Dept. regulations require all Medication to be kept in the Infirmary and to be taken under the supervision of the Camp Infirmary Staff.**

♦ **OPTIONAL.** If you feel you have a medical condition that may need monitoring at camp providing the following information will greatly aid the Infirmary Staff in helping provide for your care needs.

Physical Exam: (Care provider to complete) P \_\_\_\_\_ BP \_\_\_\_\_ Exam Date \_\_\_\_\_

- Skin \_\_\_\_\_
- HEENT \_\_\_\_\_
- Lymph nodes \_\_\_\_\_
- Chest \_\_\_\_\_
- Heart \_\_\_\_\_
- Abdomen \_\_\_\_\_
- Neuro \_\_\_\_\_
- Musculoskeletal \_\_\_\_\_
- G.U. \_\_\_\_\_

Other pertinent medical information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MD Signature (if exam completed) \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of health care provider \_\_\_\_\_

♦ **Agreement/Release:** I will immediately report any injury or illness I have at camp to the Infirmary Staff. I will follow the health and care directions of the Infirmary Staff at all times. If I incur any expense for medical care given me during camp I accept sole responsibility for paying said cost. I expressly agree to waive all claims against Camp High Hopes Inc. and Camp Aldersgate for any injury or illness arising at or from my time at camp.  
**\* Bring any insurance cards/proof of coverage you have with you to camp just in case.**

► Staff member signature \_\_\_\_\_ Date: \_\_\_\_\_

**This form is confidential and used solely by the Infirmary Staff to meet your medical needs while at camp. If you have questions call Health Director Hope Woodcock at (607) 729-7969 or (607)222-8412.**

► This form must be completed and returned no later than July 4, 2010 to:

Camp High Hopes  
Box 11038  
Syracuse, NY 13208