

# Camper Health Form – 2008

**Required by all campers by May 16 – extended for new campers or if you call the camp office for an extension. Camp Sunshine will not be able to get this form completed for you. You must obtain a doctor/pnp signature on page 8. You will receive a Late Change form with your camper handbook in May for any changes prior to camp. So that the camp can be aware of all your child’s needs, provide complete information.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at Camp \_\_\_\_\_  
*first middle last*

Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_ Phase of Treatment \_\_\_ on \_\_\_ off therapy

Home Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Gender *Male Female*

Custodial Parent/Guardian \_\_\_\_\_  
*name relationship*

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Oncologist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### Allergies - List all known.

Medication Allergies	Describe reaction and management of the reaction
_____	_____
_____	_____

Food Allergies	
_____	_____
_____	_____

Other Allergies – Include insect stings, hay fever, asthma, etc.  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions(circle one):    none                    yes, describe below

Vegetarian:    yes                    no

\_\_\_\_ Other (describe) \_\_\_\_\_  
\_\_\_\_\_

**General Questions** (Explain “yes” answers in the space provided to the side of each question.)

**Has your child / Does your child:**

- |   |   |   |       |
|---|---|---|-------|
| 1. Had any recent injury or infectious disease?                     | Y | N | _____ |
| 2. Have a chronic or recurring illness/condition other than cancer? | Y | N | _____ |
| 3. Been hospitalized in the last 18 months?                         | Y | N | _____ |
| 4. Had surgery in the last 18 months?                               | Y | N | _____ |
| 5. Have frequent headaches?   | Y | N | _____ |
| 6. Ever had a head injury?  | Y | N | _____ |
| 7. Ever been knocked unconscious                                    | Y | N | _____ |
| 8. Wear glasses, contacts or protective eye wear?                   | Y | N | _____ |
| 9. Ever passed out during or after exercise?                        | Y | N | _____ |
| 10. Ever been dizzy during or after exercise?                       | Y | N | _____ |
| 11. Ever had seizures?  | Y | N | _____ |
| 12. Ever had chest pain during or after exercise?                   | Y | N | _____ |
| 13. Ever had frequent ear infections?                               | Y | N | _____ |
| 14. Have an orthodontic appliance?                                  | Y | N | _____ |
| 15. Have a history of bed wetting?                                  | Y | N | _____ |
| 16. Ever had high blood pressure                                    | Y | N | _____ |
| 17. Ever been diagnosed with a heart murmur?                        | Y | N | _____ |
| 18. Ever had back problems?   | Y | N | _____ |
| 19. Ever had problems with joints (knees, ankles)?                  | Y | N | _____ |
| 20. Have any skin problems (itching, rash, acne)?                   | Y | N | _____ |
| 21. Have diabetes?  | Y | N | _____ |
| 22. Have asthma?  | Y | N | _____ |
| 23. Had mononucleosis in the past 12 months?                        | Y | N | _____ |
| 24. Had problems with diarrhea/constipation?                        | Y | N | _____ |
| 25. Have problems sleepwalking?                                     | Y | N | _____ |
| 26. If female, begun menstrual cycle?                               | Y | N | _____ |
| 27. Ever had an eating disorder?                                    | Y | N | _____ |
| 28. Have ADD/ADHD?  | Y | N | _____ |

**Which of the following has your child had?**

\_\_\_ Measles

\_\_\_ Chicken Pox

\_\_\_ German Measles

\_\_\_ Mumps

\_\_\_ Hepatitis A

\_\_\_ Hepatitis B

\_\_\_ Hepatitis C

TB Mantoux Test:

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

Result: Positive Negative

**Please give dates of immunizations**

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP/DTaP	_____	_____	_____	_____	_____	_____
DT/Td	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
Hep. B	_____	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
Measles	_____	_____	_____	_____	_____	_____
Mumps	_____	_____	_____	_____	_____	_____
Rubella	_____	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____	_____

PLEASE NOTE: If your child has been exposed to any communicable disease, particularly chicken pox, measles or mumps 1-3 weeks prior to camp, please contact us as soon as possible.



**THIS PAGE TO BE COMPLETED BY PHYSICIAN OR PNP**  
**Physician/PNP Recommendations and Restrictions at Camp**

I examined \_\_\_\_\_ on \_\_\_\_\_  
*camper's full name* *date of most recent examination*  
Weight \_\_\_\_\_ Height \_\_\_\_\_ BP \_\_\_\_\_  
Last blood count : Date \_\_\_\_\_ Hgb \_\_\_\_\_ Hct \_\_\_\_\_ WBC \_\_\_\_\_ Platelets \_\_\_\_\_  
Differential or ANC \_\_\_\_\_ **Varicella Titer** \_\_\_\_\_

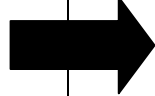
Current physical and medical condition:  
\_\_\_\_\_  
\_\_\_\_\_

Current chemotherapy. Please include a copy of current chemotherapy roadmap or regimen.  
\_\_\_\_\_  
\_\_\_\_\_

Any medically-prescribed meal plan or dietary restrictions: \_\_\_\_\_

Description of any limitation, concern or restriction on camp activities:  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby verify that the information on the above form and preceding forms concerning health matters and medications is correct. In my opinion, this child is able to participate in Camp Sunshine's Summer Camp and Year Round Programs.**



**Signature of Physician/Practitioner** \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Phone: \_\_\_\_\_

FOR CAMP SUNSHINE MEDICAL STAFF SCREENING USE ONLY	
FORM REVIEWED BY: _____ DATE: _____ UPDATES TO HEALTH HISTORY NOTED: YES NO NONE ADDITIONAL COMMENTS: _____ _____ _____	MEDICATIONS RECEIVED: _____ _____ _____ _____ _____