YOUTH CAMP HEALTH HISTORY
STAFF MEMBER/VOLUNTEER

Ensure all information is completed

Name: _____

Current Residence: _____

_____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Person: _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

Are there any pertinent health problems including physical, psychiatric, or behavioral problems of which we need to be aware?

☐ NO

☐ YES, Explain: _____

_____

_____

Are there any medications, dietary restrictions, allergies, or special needs of which we need to be aware?

☐ NO

☐ YES, Explain: _____

_____

_____

IMMUNIZATION INFORMATION:

Must list current residence above.

For staff members/volunteers who currently reside **within** the United States, a United States territory, or the District of Columbia: Do you have any immunization exemptions because of a parental or guardian objection or medical contraindication?

☐ NO

☐ YES, List: _____

For staff members/volunteers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

_____

Staff Member/Volunteer Signature or Parent or Legal Guardian's Signature (If Staff Member is Under 18 Years) Date