

## MEDICAL EXAMINATION REPORT

### **Camp Pardas Chanah**

Name:		Date of birth:
Quebec health insurance #:		Expiry date:
Address:	City:	Telephone #:
Name of Doctor:	Address:	Telephone #:
1. Has the staff member ever had any serious disease? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:		
2. Has the staff member ever had an operation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes please list:		
3. List ALL allergies:		
4. List all medications being taken: Purpose of this/these medications: Is medication self administered or requires the nurse to administer? <input type="checkbox"/> Self <input type="checkbox"/> Nurse		
5. List any over-the-counter drugs staff member is not allowed to take:		
6. Has there been any significant illness in the past 12 months. <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:		
7. Has there been any contact with Hepatitis or other communicable diseases in the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list: Has any vaccine been given? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which? <span style="float: right;">Date:</span>		
<b>8. Date of last Tetanus booster:</b>		
9. Are there restrictions in;	Swimming: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hiking: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sports: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other?
10. Does the staff member have any history of Asthma in the last <b>1-5 years</b> <input type="checkbox"/> No <input type="checkbox"/> Yes if yes please supply medication/puffer		
11. Physical condition:	Height	Weight
	In satisfactory health: <input type="checkbox"/> Yes <input type="checkbox"/> No Problems?	
12. In case of Emergency call:		
13. Signature of examining doctor:		
14. I hereby authorize the Camp administration to use outside medical, surgical or dental aid if necessary, for which I will reimburse camp. I also authorize the nurse/camp to give my daughter over-the-counter medicine(such as Tylenol, cough medicine, antihistamines, etc...) if necessary.		
<b>Signature of parent:</b> <b>Signature of staff member if over 18:</b>		

**IMPORTANT:**

**\*If you have an Epipen: you must bring 2 Epipens and Benadryl with specific instructions. Please do not forget to check all expiry dates and appropriate dosages on these items. As well, please bring along a pouch in which these medications will be carried at all times.**

**\*Please have your hair checked for lice and, if necessary, treated for head lice PRIOR to camp, in order to avoid unnecessary embarrassment.**

### Medical Insurance

**When you travel to Canada, you have to make sure that you have medical insurance that will cover you in Canada. If you have travel insurance please make sure to bring a copy of your coverage information with you to camp. If you do not have travel insurance make sure to purchase an insurance plan so that you are covered in the case of emergency or in the case that you will need to see a doctor. You can call Noach Heiman -718-387-2114 to purchase insurance.**

