

Health History Form for Camp Employee

Return this completed form to:

Your Contract
 Start Date: _____ End Date: _____
 Title of _____
 Your Position: _____

International Staff: rate your ability to speak and read English:
 0 1 2 3 4 5
 Low ability Good ability Fluent in English

Name: _____
First Middle Last

Male
 Sex: Female Birthdate: _____

Permanent Address: _____
Street Address

City State/Country Zip/Code

E-mail: _____

Is this your first year as a staff member? No Yes

- **Return this form to our camp office by March 15th.**
- *Notify the camp director if you are exposed to a communicable disease within three weeks of beginning your job.*
- *The camp expects that you arrive in good health and capable of performing the essential functions of your position. If you have concerns regarding this, speak with the camp director prior to arrival.*
- *Information on this form is available to Health Center staff and your work supervisor(s) as necessary.*
- *Completing some portions of this form is voluntary; such areas are so marked.*

If you have questions about our camp health services, please call our office.

Allergies: Check those that apply to you. Completion of this section is voluntary, yet helpful to healthcare staff.

_____ I have no known allergies.
 _____ I have an allergy to this food: _____ This causes anaphylaxis? Yes No
 Describe what happens if you eat this food and how the reaction is managed:

_____ I am allergic to this medication(s): _____ This causes anaphylaxis? Yes No
 _____ I am allergic to these substances: _____ This causes anaphylaxis? Yes No
 Describe what happens if you are exposed to these medications or substances and how the reaction is managed:

Chronic Concerns: Check all that pertain to you and provide information about supportive healthcare.

Completion of this section is voluntary, yet helpful to healthcare staff.
 _____ I have no chronic health concerns.
 _____ I have the following chronic health concern(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches, Migraines | <input type="checkbox"/> Sleep problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Dysmenorrhea |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Surgical history | <input type="checkbox"/> Seizure disorder: _____ |
| <input type="checkbox"/> Back pain or injury | <input type="checkbox"/> Knee or ankle weakness | <input type="checkbox"/> Other: _____ |

Your supervisor expects that staff who have chronic health concerns are capable of performing the essential functions of the job for which they have been hired. If you have any concerns, please speak with your supervisor.

Immunization History:

Date (month/year) of your most recent tetanus immunization: _____

Have you completed the immunizations that were required for school attendance? Yes No

Medication: All medication must be locked securely unless in the immediate possession/control of the user. All medication should be originally submitted to the Health Center.

NOTE: Health Center staff will ask about your medication(s) to determine if the use (or non-use) of such medication will impair completion of the essential functions of your job. They may also ask about medication when you seek healthcare. Providing additional information about your medication is voluntary.

General Physical History: If you answer "Yes" to any of these questions, provide more information at the end of this section.

Completing this session is voluntary, but helpful to healthcare staff.

1. Have you ever been hospitalized? Yes No
2. Have you ever passed out during or after exercise? Yes No
3. Have you ever been dizzy during or after exercise? Yes No
4. Have you ever had chest pain during or after exercise? Yes No
5. Do you tire more quickly than your friends during exercise? Yes No
6. Have you ever had high blood pressure? Yes No
7. Have you ever had a racing heartbeat or skipped heartbeats? Yes No
8. Have you ever been knocked out or become unconscious? Yes No
9. Have you ever had a seizure? Yes No
10. Have you ever had a stinger, burner, or pinched nerve? Yes No
11. Have you ever had heat or muscle cramps? Yes No
12. Have you ever been dizzy or passed out in the heat? Yes No
13. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any of your body areas? Yes No
 If so, where? Head Shoulder Leg Neck Chest
 Arm, hand Ankle Back Hip Foot
14. Have you been in countries other than the United States in the past nine months? Yes No

If yes, list the countries and the time spent in them.

Country: _____ Dates: _____

Country: _____ Dates: _____

Country: _____ Dates: _____

Use the space below to explain and/or provide more detail about the General Physical Health questions to which you responded "Yes."

Name of your physician: _____ Office Phone (_____) _____

Name of your dentist/orthodontist: _____ Office Phone (_____) _____

Paying for Health Care

- There is usually no charge for healthcare provided by the camp's Health Center staff.
- You are financially responsible for healthcare provided by all other providers.
- If you will be using personal insurance while working at camp, know how to access that insurance. Bring your insurance card and know how to use it. Consider obtaining pre-authorization if your insurance requires this.

Emergency Contact: Who do you want us to contact in an emergency?

First Preferred Relationship
Contact: _____ Phone: (_____) _____ to You: _____

Alternate Preferred Relationship
Contact: _____ Phone: (____) _____ to You: _____

Authorization for Healthcare: *Parental signature required for staff under 18 years of age.*

This health history is correct. I am capable of performing the essential functions of my job and participating in assigned work duties as noted on this form. I understand my health information will be used by the camp's Health Center staff in providing care to me and may be reviewed by my work supervisor(s).

Signature of
Staff Person: _____ *Date:* _____
Signature of
Parent (if needed): _____ *Date:* _____

Staff Member STOP Here.

**Voluntary Disclosure Statement
All Camp Staff FM 16**

Developed and approved by the
american **CAMP** association®

Mail this form to the address below by _____ (date)

Name _____ Birth date _____
Last First Middle

Home address _____
Street Address City State Zip

Social Security # _____ Other names by which known (e.g., maiden name) _____

Home phone _____ Business phone (if applicable) _____

Cell phone (optional) _____ E-mail address (optional) _____

School or College _____

Address _____
Street Address City State Zip

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last five years (include college and home residences):

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

(Continue on separate sheet, if necessary.)

2. Have you ever been arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)

Yes No

3. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

4. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

Yes No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on an individual with an intellectual disability
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain: (Use a separate sheet, if necessary.)

5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes | No

If yes, please explain: (Use a separate sheet, if necessary.)

6. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? Yes | No

If yes, please explain: (Use a separate sheet, if necessary.)

7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes | No

If yes, please explain:

I understand that:

- a) The camp may deny employment to any person who answers "yes" to any one of questions 2-7. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. (A separate release form may be required)
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
 - 1) have a history of complaints of abuse of a minor;
 - 2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly and immediate notification provided to the camp if any information provided changes.

Signature _____ Date _____

Signature of Minor's Parent or Guardian _____ Date _____



Job Applicant Reference

Candidate's Name: _____

Position applied for: _____

Date: _____

Name of Reference: _____

Phone Number: _____

Thank you for taking the time to complete this reference. References are extremely important in our interviewing process and we take them very seriously.

1. How long have you known the candidate: _____
2. What is your relationship with the candidate: _____
3. Would you recommend the candidate for a position working with children at Rye Nature Center Summer Day Camp? _____
4. Why or why not? _____

Please sign below to confirm that all information above is correct:

Signature: _____ Date: _____

For FRNC Office Use:			
Reference given	<input type="checkbox"/> in writing	<input type="checkbox"/> by phone	<input type="checkbox"/> in person
Reviewed and confirmed by; _____		Date: _____	



Job Applicant Reference

Candidate's Name: _____

Position applied for: _____

Date: _____

Name of Reference: _____

Phone Number: _____

Thank you for taking the time to complete this reference. References are extremely important in our interviewing process and we take them very seriously.

1. How long have you known the candidate: _____
2. What is your relationship with the candidate: _____
3. Would you recommend the candidate for a position working with children at Rye Nature Center Summer Day Camp? _____
4. Why or why not? _____

Please sign below to confirm that all information above is correct:

Signature: _____ Date: _____

For FRNC Office Use:

Reference given in writing by phone in person

Reviewed and confirmed by; _____ Date: _____