Health History and Examination Form
for Children, Youth and Adults attending and staffing
2006 Summer Camps of the Ukrainian American Youth Association, Inc.

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist in identifying and providing appropriate care. Meningitis response and health history must be filled out by parents/guardians of camp or staff applicants. Update is required annually. Health exam must be completed and form must be signed by a licensed physician. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Name _____ Date of birth ____/____/____ Age at camp _____
Last First M.I. *mm dd yy*

Home address _____
Street address City State Zip

Social Security Number of participant ___ - ___ - ___ Gender: ☐ Male ☐ Female

Custodial parent/guardian(s) _____ Phone ( ) _____

Home address _____
(if different from above) *Street address City State Zip*

Second parent or guardian or emergency contact _____

Address _____ Phone ( ) _____
Street address City State Zip

If not available in emergency, notify _____ Relationship _____

Address _____ Phone ( ) _____
Street address City State Zip

Name of Family Physician _____

Address _____ Phone ( ) _____
Street address City State Zip

Insurance Information: Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate carrier/plan name _____ Group# _____

Two photocopies of front and back of health insurance card must be submitted with camp registration forms.

Important – these boxes must be completed for attendance at camp

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Printed Name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor _____ Date _____

Meningococcal Meningitis Vaccination Response: A completed response for every camper who attends camp for seven or more nights, is required to be maintained at the camp, pursuant to New York State Public Health Law § 2167.

☐ My child has had the meningococcal meningitis immunization (Menomune ™) within the past 10 years.

Date received: _____

Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Name _____ Date of birth ____/____/____ Age at camp _____
Last First M.I. mm dd yy

Health History ALLERGIES - List all known, and describe reaction and management of the reaction.

Medication allergies: _____

Food allergies: _____

Other allergies (incl. insect stings, hay fever, asthma, animal dander, etc.): _____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Immunization History

Which of the following has the participant had?

- ☐ Measles
- ☐ Chicken pox
- ☐ German measles
- ☐ Mumps
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C

TB Mantoux Test

Date of last test _____

Result: ☐ Positive ☐ Negative

Please give all dates of immunization for:

Vaccine:	Dates: Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP						
TD (tetanus/diphtheria)						
Tetanus						
Polio						
MMR						
or Measles						
or Mumps						
or Rubella						
Haemophilus influenza B						
Hepatitis B						
Varicella (chicken pox)						

Health Care Recommendations by Licensed Physician

I have examined the above-named individual within the past eighteen (18) months, on _____

BP _____ Weight _____ Height _____

In my opinion, the individual ☐ IS ☐ IS NOT able to participate in an active camp program.

The individual is under the care of a physician for the following condition(s): _____

Current treatment: _____

Explanation of any reported loss of consciousness, convulsion or concussion: _____

Recommendations and Restrictions at Camp: Please describe any treatment to be continued at camp, medications to be adminstered at camp, any medically-prescribed meal plan or dietary restrictions, known allergies, any limitation or restriction on camp activities, and/or additional information for health care staff at the camp.

Signature of Licensed Physician _____

Printed _____

Address _____

Phone _____ Date completed _____

Fax _____ Completed by _____

THIS PAGE IS FOR INFORMATIONAL PURPOSES ONLY
DO *NOT* RETURN THIS PAGE WITH OTHER FORMS - KEEP FOR YOUR RECORDS

Meningococcal Disease

New York State Department of Health
Bureau of Communicable Disease Control

Information for College Students and Parents of Children at Residential Schools and Overnight Camps

What is meningococcal disease?
Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection. Currently, no data are available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?
The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?
High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?
The symptoms may appear 2 to 10 days after exposure, but usually within 5 days.

What is the treatment for meningococcal disease?
Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?
Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States.

Is the vaccine safe? Are there adverse side effects to the vaccine?
The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

What is the duration of protection from the vaccine?
After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?
Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, www.health.state.ny.us; the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.

7/2003