# Health History and Examination Form for Children, Youth and Adults attending and staffing 2011 Summer Camps of the Ukrainian American Youth Association, Inc.

THIS FORM MUST BE RECEIVED AT THE CAMP OFFICES NO LATER THAN 15 DAYS BEFORE THE FIRST DAY OF CAMP. 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 (on page 2). 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 all your needs.

Name	·	Date of birth		•						
Last First Home address	M.I.		mm	dd yy	•					
Street address			City		State	Zip				
Social Security Number of participant	-	-		Gender:	☐ Male	☐ Female				
Custodial parent/guardian(s)				Phone (	)					
Home address			O'tr		0/-/-	7:				
(if different from above) Street address  Second parent or guardian or emergency of	contact		City		State	Zip				
Address				Phone (	)					
Street address	City	State	Zip		/					
If not available in emergency, notify				Relationship	p					
Address Street address	City	State	Zin	Phone (	)					
Name of Family Physician	City	State	ΖΙΡ							
Address Street address	City	State	Zin	Phone (	)					
	•		∠ <i>ιρ</i> Soopital ir	201120000	□ Vaa	□ No				
Insurance Information: Is the participant co	-	-	-		∐ Yes	∐ No				
If so, indicate carrier/plan name				Group#	form					
Two photocopies of front and back of heal AND 2 copies of registration form must be			=		ioriii,					
-		-								
Important – these boxes	must be	complet	ed for	attendan	ce at car	<u>np</u>				
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 <i>in loco parentis</i> if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal Signature of parent or guardian or adult camper/staffer		informat to the I- hereby a camp re herein c the cam camp a represer In th permiss administ	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.							
Printed Name			Date							
I also understand and agree to abide by any r	estrictions pl	laced on my	participa	tion in camp	activities.					
Minor's signature				Date						
Meningococcal Meningitis Vaccination Resseven or more nights, is required to be mainta  My child has had the meningococcal Date received:  Note: The vaccine's protection lasts for a	meningitis in approximately in the me, the	camp, pursua mmunization 3 to 5 years. information	ant to Ce (Menom  Revaccina regarding	nter For Dise une <sup>TM</sup> ) within ation may be co	ase Control the past 10 onsidered with ccal mening	) years. hin 3-5 years gitis disease. I				
understand the risks of not receiving against meningococcal meningitis dis		e. i nave de	ciaea tha	at my child w	III <u>not</u> obtair	1 immunization				

Name		of birth		1	/	Age a	at camp	
Last First	M.I.		mm	dd	уу			
Health History ALLERGIES - List all	known, and describe rea	action ar	nd mana	aement	of the re	eaction.		
Medication allergies:	,			<b>J</b>				
Food allergies:								
Other allergies (incl. insect stings, hay	fever, asthma, animal da	nder. et	c.):					
	,	,	,-					
Use this space to provide any additi mental health about which the camp sh		the part	icipant's	behavi	or and	physical	, emotio	onal, or
Immunization History	Please give all dates of							
Which of the following	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
has the participant had?	DTP							
Measles	TD (tetanus/diphtheria)	1						
Chicken pox	Tetanus							
German measles	Polio							
Mumps	MMR							
Hepatitis A	or Measles							
☐ Hepatitis B	or Mumps							
☐ Hepatitis C	or Rubella							
TB Mantoux Test	Haemophilus influenza	В						
Date of last test	Hepatitis B							
Result: Positive Negative	Varicella (chicken pox)							
Health Care Recommendations by L	icensed Physician							
I have examined the above-named indi		ihteen (1	I8) mont	hs. on				
BP Weigh			,					
	 ☐ IS NOT able to pa	_			no progr	am.		
The individual is under the care of a ph	•	•						
Current treatment:								
Explanation of any reported loss of cor	nsciousness, convulsion (	or concu	ission:					
Recommendations and Restriction medications to be adminstered at can any limitation or restriction on camp ac	np, any medically-prescri	ibed me	al plan	or dieta	ry restric	ctions, k	nown al	
Signature of Licensed Physician								
Printed								
Address	_							
Phone	Date co	mpleted						
Fax	Comple	eted by						

### **Meningococcal Disease**

Center For 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 Centers for Disease Control and Prevention <a href="www.cdc.gov/ncid/dbmd/diseaseinfo">www.cdc.gov/ncid/dbmd/diseaseinfo</a>; and the American College Health Association, <a href="www.acha.org">www.acha.org</a>.