



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**

Please give all dates of immunization for:

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

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 administered 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 \_\_\_\_\_

# 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 [www.cdc.gov/ncid/dbmd/diseaseinfo](http://www.cdc.gov/ncid/dbmd/diseaseinfo); and the American College Health Association, [www.acha.org](http://www.acha.org).

7/2003