

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	/ / / mm dd vv	Age a	t camp				
Last First Home address	M.I.	ı	mm dd yy						
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 emerge	ency contact								
Address			Phone ()					
Street address	City	State	Zip						
If not available in emergency, notify			Relationship	·					
Address Street address			Phone ()					
Street address	City	State	Zip						
Name of Family Physician									
Address Street address			Phone ()					
Street address	City	State	Zip						
Insurance Information: Is the participa	ant covered by fan	nily medical/hospi	ital insurance?	☐ Yes	☐ No				
	_	-		_	<u>—</u>				
	£ 1 141- 1		·	<u> </u>					
Two photocopies of front and back of	t nealth insuranc	e card, AND 2 co	opies of Medical	torm,					
AND 2 copies of registration form mu	st be submitted	with camp regis	tration forms.						
Important – these bo	es must be	completed	for attendan	ce at car	np				
This health history is correct and complete as	far as I know. The	representative	es" for the purposes	of disclosing	protected health				
person herein named has permission to engage in	·	information pursuant to the privacy regulations promulgated pursuant							
except as noted.		to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to							
I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and		, ,	camp representatives of the protected health information of the person						
emergency treatment for me/my child, as may be i		herein described, as necessary: (i) to provide relevant information to							
but not limited to x-rays, routine tests and		the camp representatives related to the person's ability to participate in							
hospitalization. I also give permission for the camp	•	camp activities; and (ii) to provide relevant information to the camp							
transportation. I agree to the release of any rec treatment, referral, billing, or insurance purposes.	<u>-</u>	representatives to keep me informed of my child's health status. In the event I cannot be reached in an emergency, I hereby give							
It is my intention that the camp be treated as acti		ne physician selected by the camp to secure and							
the person herein named is a minor. Further, it is r	•	administer treatment, including hospitalization, for the person named							
appropriate representatives of the camp be tre	eated as "personal	above. This c	completed form may be	photocopied fo	r 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 p	laced on my parti	cipation in camp a	activities.					
		• •							
Minor's signature			Date						
Meningococcal Meningitis Vaccinatio	n Response: A	completed respon	nse for every cam	ner who atte	ends camp for				
seven or more nights, is required to be r									
My child has had the meningoo									
<u> </u>	Jocean memingilis i	mmumzauon (ivie	nomune j willilli	ιιιο μασι 10	years.				
Date received:									
Note: The vaccine's protection last		-	-		-				
☐ I have read, or have had expl									
understand the risks of not rec		e. I have decide	d that my child wi	II <u>not</u> obtain	immunization				

Name Last First	Date	of birth	mm	/ dd	/ 	. Age a	at camp	
Health History ALLERGIES - List a Medication allergies: Food allergies:	all known, and describe rea			-	of the re	eaction.		
Other allergies (incl. insect stings, ha	y fever, asthma, animal da	ınder, et	:c.):					
Use this space to provide any additionmental health about which the camp		the part	icipant's	behavi	or and	physical	, emotio	onal, or
Immunization History	Please give all dates o	f immun	ization f	or.				
Which of the following	Vaccine:				Mo/Vr	Mo/Yr	Mo/Vr	Mo/Vr
has the participant had?	DTP	Dales.	1010/11	IVIO/ I I	IVIO/ I I	IVIO/ I I	IVIO/ I I	IVIO/ I I
Measles	TD (tetanus/diphtheria)							
☐ Chicken pox	Tetanus	l						
German measles	Polio							
Mumps	MMR							
Hepatitis A	or Measles							
Hepatitis B	or Mumps							
Hepatitis C	or Rubella							
TB Mantoux Test	Haemophilus influenza	R						
Date of last test	Hepatitis B							
Result: Positive Negative	Varicella (chicken pox)							
Health Care Recommendations by I have examined the above-named in BP Weig In my opinion, the individual IS The individual is under the care of a p	dividual within the past eig ght IS NOT able to pa	Height rticipate	in an ac		- np progi	ram.		
Current treatment:								
Explanation of any reported loss of co	onsciousness, convulsion	or concu	ussion:					
Recommendations and Restriction medications to be adminstered at call any limitation or restriction on camp a	imp, any medically-prescr	ibed me	al plan	or dieta	ry restri	ctions, k	nown a	
Signature of Licensed Physician								
Printed								
Address								
Phone	Date co	mpleted						
		•						
Fax	Comple	eted by						

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.