

2019 CAMP HERTKO HOLLOW STAFF PHYSICAL

(Please submit this completed form to the Camp Hertko Hollow office no later than 6/15/2019)

Name: _____

Male _____ Female _____

Birth date: _____

Date of exam: _____

Home phone: _____

Cell phone: _____

MEDICAL CONDITIONS

List ALL medical conditions (including type 1 or type 2 Diabetes), Thyroid, Seizure disorder, Asthma, Celiac disease, Depression, Heart disease, etc. (please specify):

HOSPITALIZATIONS

List ALL hospitalization in the past year including Ketoacidosis, Hypoglycemia, Heart attack, Depression, Suicide, Eating disorder, Surgeries, etc. (please specify):

MEDICATIONS

Include ALL medications including diabetes medications/insulin, prescriptions, and over the counter medications:

ALLERGIES

Please list any allergies including food, medications, bee stings, etc.:

Do you require an Epi Pen for any allergy? Yes____No____What allergy? _____

PHYSICAL EXAM

- Blood Pressure: _____ A1C (if applicable): _____
- Check the following if normal: Fundoscopic Exam____ Fingertips____ Thyroid _____
Skin____ Heart _____ Abdomen____ Feet____ Lungs____
- Comment if abnormal: _____

Is staff applicant able to participate in all camp activities? (circle one): YES NO

List any physical limitations: _____

PHYSICIAN INFORMATION

Physician's Name (Please Print): _____

Address: _____ City: _____

State: _____ Zip: _____ Office Phone: (____) _____

Physician's Signature: _____ Date: _____

Email, fax or mail completed form before June 15, 2019 to:

CAMP HERTKO HOLLOW
501 Grand Ave
Des Moines, IA 50309

Email: d.holwegner@camphertkohollow.com **FAX number:** 515-288-2531