

CAMP HERTKO HOLLOW



2017 STAFF PHYSICAL

(this completed form must be submitted to the Camp Hertko Hollow office no later than 6/20/2017)

Name: _____ Male ____ Female ____

Birth date: _____

Home phone: _____ Cell phone: _____

Date of Exam: _____

MEDICAL CONDITIONS:

List All medical problems, including type 1 or type 2 Diabetes, Thyroid, Hypertension, Seizure disorder, Asthma, Celiac disease, ADD, Depression, Heart Disease, and Others (please specify):

HOSPITALIZATIONS & APPROXIMATE DATES:

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

MEDICATIONS (OPTIONAL)

Include insulin, thyroid, blood pressure, antidepressants, oral diabetes medications, vitamins, OTC, and all others: _____

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

Height _____ Weight _____ Blood Pressure _____ A1C _____ (if applicable)

Check the following if normal: ___ Fundoscopic Exam ___ Fingertips ___ Thyroid
___ Skin ___ Lungs ___ Heart ___ Abdomen ___ Feet

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: _____

Mail completed form before June 20, 2017 to:

CAMP HERTKO HOLLOW
501 Grand Ave
Des Moines, IA 50309
or fax to
FAX number 515-288-2531