

**2018 CAMP HERTKO HOLLOW STAFF PHYSICAL**

*(Please submit this completed form to the Camp Hertko Hollow office no later than 6/15/2018)*

Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Birth date: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**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 15, 2018 to:**

CAMP HERTKO HOLLOW  
501 Grand Ave  
Des Moines, IA 50309  
(FAX number: 515-288-2531)