Health History Form for Camp Employee

Return this completed form to:

Oakland Yard Athletics
5328 Highland Rd
Waterford, MI 48327
campdirector@oaklandyard.com

Your Contract Start Date: _____ End Date: _____

Title of Your Position: _____

Name: _____
First Middle Last

☐ Male
Sex: ☐ Female Birthdate: _____

Permanent Address: _____
Street Address

_____
City State/Country Zip/Code

E-mail: _____

Is this your first year as a staff member? . . . . . ☐ No ☐ Yes

- *Return this form to our camp office with your employment contract.*
- *Notify the camp director if you are exposed to a communicable disease within three weeks of beginning your job.*
- *The camp expects that you arrive in good health and capable of performing the essential functions of your position. If you have concerns regarding this, speak with the camp director prior to arrival.*
- *Information on this form is available to Camp Administration and your work supervisor(s) as necessary.*
- *Completing some portions of this form is voluntary; such areas are so marked.*

If you have questions about our camp health services, please call our office.

Allergies: *Check those that apply to you. Completion of this section is voluntary, yet helpful to healthcare staff.*

_____ I have no known allergies.

_____ I have an allergy to this food: _____ This causes anaphylaxis? ☐ Yes ☐ No

Describe what happens if you eat this food and how the reaction is managed:

_____

_____

_____ I am allergic to this medication(s): _____ This causes anaphylaxis? ☐ Yes ☐ No

_____ I am allergic to these substances: _____ This causes anaphylaxis? ☐ Yes ☐No

Describe what happens if you are exposed to these medications or substances and how the reaction is managed:

_____

Chronic Concerns: *Check all that pertain to you and provide information about supportive healthcare.*

Completion of this section is voluntary, yet helpful to healthcare staff.

_____ I have no chronic health concerns.

_____ I have the following chronic health concern(s):

☐ Asthma	☐ Headaches, Migraines	☐ Sleep problem
☐ Diabetes	☐ Difficulty breathing	☐ Dysmenorrhea
☐ Fainting	☐ Surgical history	☐ Seizure disorder: _____
☐ Back pain or injury	☐ Knee or ankle weakness	☐ Other: _____

Immunization History:

Date (month/year) of your most recent tetanus immunization: _____

Have you completed the immunizations that were required for school attendance? ☐ Yes ☐ No

Your supervisor expects that staff who have chronic health concerns are capable of performing the essential functions of the job for which they have been hired. If you have any concerns, please speak with your supervisor.

Medication: *All medication must be locked securely unless in the immediate possession/control of the user.*

NOTE: Camp administration will ask about your medication(s) to determine if the use (or non-use) of such medication will impair completion of the essential functions of your job. They may also ask about medication when you seek healthcare. Providing additional information about your medication is voluntary.

General Physical History: *If you answer "Yes" to any of these questions, provide more information at the end of this section.*

Completing this section is voluntary, but helpful to administrative staff.

1. Have you ever been hospitalized? . . . . . ☐ Yes ☐ No
2. Have you ever passed out during or after exercise? . . . . . ☐ Yes ☐ No
3. Have you ever been dizzy during or after exercise? . . . . . ☐ Yes ☐ No
4. Have you ever had chest pain during or after exercise? . . . . . ☐ Yes ☐ No
5. Do you tire more quickly than your friends during exercise? . . . . . ☐ Yes ☐ No
6. Have you ever had high blood pressure? . . . . . ☐ Yes ☐ No
7. Have you ever had a racing heartbeat or skipped heartbeats? . . . . . ☐ Yes ☐ No
8. Have you ever been knocked out or become unconscious? . . . . . ☐ Yes ☐ No
9. Have you ever had a seizure? . . . . . ☐ Yes ☐ No
10. Have you ever had a stinger, burner, or pinched nerve? . . . . . ☐ Yes ☐ No
11. Have you ever had heat or muscle cramps? . . . . . ☐ Yes ☐ No
12. Have you ever been dizzy or passed out in the heat? . . . . . ☐ Yes ☐ No
13. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any of your body areas? . . . . . ☐ Yes ☐ No

    If so, where? ☐ Head ☐ Shoulder ☐ Leg ☐ Neck ☐ Chest ☐ Arm, hand ☐ Ankle ☐ Back ☐ Hip ☐ Foot

14. Have you been in countries other than the United States in the past nine months? . . . . . ☐ Yes ☐ No

    If yes, list the countries and the time spent in them.

    Country: _____ Dates: _____

    Country: _____ Dates: _____

    Country: _____ Dates: _____

Use the space below to explain and/or provide more detail about the General Physical Health questions to which you responded "Yes."

_____ _____

_____ _____

_____ _____

_____ _____

Name of your physician: _____ Office Phone (_____)_____

Paying for Health Care

- Oakland Yard Athletics does not provide health care insurance.
- In the case that you will need to use your personal insurance while working at camp, know how to access that insurance. Bring your insurance card and know how to use it.

Emergency Contact: *Whom do you want us to contact in an emergency?*

First Contact: _____ Preferred Phone: (_____)_____ Relationship to You: _____

Alternate Contact: _____ Preferred Phone: (_____)_____ Relationship to You: _____

Authorization for Healthcare: *Parental signature required for staff under 18 years of age.*

This health history is correct. I am capable of performing the essential functions of my job and participating in assigned work duties as noted on this form. I understand my health information will be used by the camp's staff in providing care to me and may be reviewed by my work supervisor(s).

Signature of Staff Person: _____ *Date:* _____

Signature of Parent (if needed): _____ *Date:* _____