

TREASURE MOUNTAIN BIBLE CAMP
STAFF MEDICAL HISTORY

Per the **RULES REGULATING CHILDREN'S RESIDENT CAMPS** in the State of Colorado, section **7.711.2 PERSONNEL 7.711.21 General Requirements for All Personnel**

E. Each staff member must complete a current health history and must have been examined within the last 24 months by a licensed medical health care professional approved to perform physical examinations. The health history must be completed within 90 calendar days of the beginning of working at the camp and shall be maintained in the personnel file at the camp.

Name: _____ Age _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

e-mail _____ cell: _____

Allergies: ___ Medicines _____

___ Food _____

___ Pollens ___ Stinging insects

___ None known

1. Has a doctor ever restricted you from participation in sports? Yes ___ No ___

2. Do you have any ongoing medical conditions? Please check below:

Asthma ___ Anemia ___ Diabetes ___ Infections ___ Other _____

3. Have you had surgeries? Yes ___ No ___

4. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Yes ___ No ___

5. Have you ever fainted? Yes ___ No ___

6. Have you ever been diagnosed with a heart condition? Yes ___ No ___ If yes, check which:

High blood pressure ___ Heart murmur ___ High cholesterol ___ Heart infection ___

Other _____

7. Have you ever had a seizure? Yes ___ No ___

8. Have you ever had a fracture? Yes ___ No ___ Head injury? Yes ___ No ___

9. Have you ever been diagnosed with any of the following?

Arthritis ___ Mononucleosis ___ MRSA ___ Herpes ___ Seizure Disorder ___

Sickle cell trait or disease ___ Eating Disorder ___ Chicken pox ___ Mental Illness ___

Other _____

10. Have you ever had an eye injury? ___

11. What was the date of your last tetanus shot? _____

Please explain "Yes" answers below:

Signature of applicant: _____ Date: _____