HUME LAKE CHRISTIAN CAMPS HEALTH SCREENING FORM

Circle the CAMP: WT MR HS WW OE WC DC HSD **CAMP DATES:**_____

CAMPER'S NAME: _____

AGE:_____ **DATE OF BIRTH:** _____ **SEX:** **M / F**

CHURCH/CITY: _____

PARENT/GUARDIAN'S PHONE: _____

IF YOU OBSERVE ANY ILLNESS, COMMUNICABLE (INFECTIOUS) DISEASE, OR INJURY AS LISTED BELOW IN THE THREE BOXES, DESCRIBE THE ITEM THAT WAS CIRCLED ON THE LINES PROVIDED BELOW.

ILLNESS (in the last 48 hours)

MAY INCLUDE:

NAUSEA, VOMITING,

DIARRHEA, FEVER,

SORE THROAT, RASH,

OPEN SORES, PINK EYE,

COUGH NOT RELATED TO ASTHMA

COMMUNICABLE DISEASE EXAMPLES:

MEASLES, MUMPS,

RUBELLA, POLIO,

HEPATITIS, TETANUS,

DIPTHERIA, MENINGITIS,

PERTUSSIS, INFLUENZA,

TUBERCULOSIS:

ACTIVE (ON MEDICATION)
OR
INACTIVE (NEGATIVE CHEST X-RAY)

INJURY EXAMPLES:

CASTED FRACTURES,

RECENT HEAD INJURIES,

AND/OR LACERATIONS THAT HAVE STITCHES

OR STAPLES – **MUST BE CLEARED BY DOCTOR**.

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* ALL ABOVE INFORMATION WILL BE KEPT CONFIDENTIAL AND ONLY SHARED WITH HUME STAFF OR YOUR CHURCH COUNSELOR, IN ORDER TO PROVIDE ADEQUATE HEALTH CARE FOR YOUR CHILD WHILE AT CAMP. THANK YOU.

SIGNATURE OF HEALTH SCREENER:

_____

SIGNATURE OF RN AFTER ASSESSING THE CAMPER WITH ANY CIRCLED ITEM(S):

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***PLEASE SIGN AFTER UPDATING THE MEDICAL RELEASE FORM WITH ANY NEW FINDINGS:**

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