



Medical History

REQUIRED FOR ALL TEAM MEMBERS



TEAM Member Name: _____ Date of Birth: _____

Are you in normal good health? YES NO Explain if NO _____

Do you have any restrictions for activity? YES NO Explain if YES _____

Do you have any hypersensitivities? YES NO Explain if YES _____

Can you participate in normal camp activities? YES NO Explain if NO _____

Have You been vaccinated for COVID - 19? YES NO
IF YES: Have you been Boosted? YES NO
 Date of most recent dose of vaccine: ____ / ____ / ____
 Please provide a copy of your CDC Card
IF NO: Do you plan to be vaccinated before the start of camp? YES NO

DATES OF IMMUNIZATION:

All TEAM Members are required to have proof of immunization to Measles, Mumps, and Rubella.

	<u>INITIAL</u>	<u>BOOSTER</u>
Measles Vaccine	_____	_____
Polio Vaccine	_____	_____
Mumps Vaccine	_____	_____
Rubella Vaccine	_____	_____
Tuberculin Test	_____	_____
Tetanus Toxoid	_____	_____
COVID-19	_____	_____
Communicable Diseases	_____	_____

*Immunization Dates Required for
New TEAM Members Only or
Returning TEAM Members with
Updated Info*

Physical Examination (Blank if Normal)

Past Medical History (Blank if Normal)

Skin	_____	_____
Eyes	_____	_____
Ears	_____	_____
Nose	_____	_____
Heart	_____	_____
Lungs	_____	_____
Other	_____	_____

TEAM Member Signature _____

Parent's Signature _____

(If TEAM Member is under 18 years of age)