

Pleasant Valley Bible Camp

STAFF Health History

Dear Authorized Person: The following information is requested so that PVBC can better meet the physical, intellectual and emotional needs of our volunteer and paid staff. Please fill out the information requested completely. "Authorized Person" means the staff member or a parent or guardian if staff member is a minor.

Camper's Name (Last)		First	Middle	Gender	Date of Birth	
Address			City, State, Zip		Telephone (Home)	
Authorized Person's Name (Last)		First	Middle	Telephone (Work)		
Address			City, State, Zip		Telephone (Emergency)	
Is the Staff Member having any of the problems listed below?						
	Yes	No		Yes	No	
1. Hay fever, asthma or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	7. Trouble passing urine or bowel movements	<input type="checkbox"/>	<input type="checkbox"/>	
2. Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	8. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	
3. Convulsions / Seizures	<input type="checkbox"/>	<input type="checkbox"/>	9. Speech problems	<input type="checkbox"/>	<input type="checkbox"/>	
4. Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	10. Menstral problems	<input type="checkbox"/>	<input type="checkbox"/>	
5. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	11. Dental problems	<input type="checkbox"/>	<input type="checkbox"/>	
6. Frequent colds, sore throats, ear aches (4 or more per year)	<input type="checkbox"/>	<input type="checkbox"/>	12. Other	<input type="checkbox"/>	<input type="checkbox"/>	
Please explain any problem areas identified above including any current infectious diseases:						
If female, has she been told about menstruation? (answer if appropriate)			Has she menstruated? (answer if appropriate)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Operations or Injuries						
Explain any special health, behavioral or emotional consideration(s):						
Medication Needed or Used (Including Psychiatric)					Currently Being Given	
Name of Medicine	Frequency	Dosage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
All Medications must be left in the ORIGINAL containers from the Pharmacy.						
Special conditions to be watched for such as ALLERGY (reactions to food, Penicillin or other drugs), Bedwetting, Fainting, Sleep Walking, etc.						
IMMUNIZATION		Date Initial Immunization Completed	Date of Most Recent Booster		Date Initial Immunization Completed	Date of Most Recent Booster
	Polio			Measles		
	Mumps			Rubella		
	Diphtheria			Hepatitis B		
	Pertussis (Whooping Cough)			Other		
Should the Staff Member's activity be restricted because of any physical limitation or illness? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain.						

Please complete both sides. OVER →

INSURANCE	<input type="checkbox"/> Staff Member is covered under our family health insurance policy.	
	<input type="checkbox"/> Staff Member is NOT covered under our family health insurance policy.	
	Family / Company Insurance Carrier	
	Policy / Group Number	
<p>Pleasant Valley Bible Camp shall not be held responsible for electronic or personal aid devices including, but not limited to, iPods ®, mp3 players, cell phones, Fitbits ®, dental retainers, glasses, insulin pumps, hearing aids and mouth guards. (When medically possible, it is recommended that such items remain at home.) PVBC has permission to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care for the minor child / Staff Member named above while attending camp. Pleasant Valley Bible Camp is released of all liability.</p>		
I certify this information is true to the best of my knowledge.	Authorized Person's Signature	Date