

CAMP EMPLOYEE HEALTH EXAMINATION FORM

LUTHERANS OUTDOORS IN SOUTH DAKOTA
AUGUSTANA COLLEGE
SIOUX FALLS, SD 57197

(THIS SIDE TO BE FILLED IN BY EMPLOYEE -- PROFESSIONAL OR MAINTENANCE)

Name _____ Birth Date _____ Age _____ Sex _____
Last First Initial

Address _____

In case of emergency notify _____ Phone _____

Address _____

HEALTH HISTORY:

I have had the following illnesses as checked. Any illness incurred within the last year are double checked:

Allergies: asthma, hay fever, eczema, others _____	Colds _____
Frequent sore throats _____	Discharging ear _____
Sinus trouble _____	Shortness of breath _____
Headaches _____	Convulsive seizures or fainting spells _____
Goitre _____	Night sweats _____
Typhoid fever _____	Frequent diarrhea _____
Rheumatism _____	Frequent urination _____
Chicken pox _____	Other illness _____
Mumps _____	_____
Sleep walking _____	_____
Tuberculosis _____	Operation _____

I have had the following immunizations as checked:

	Check	Date	Comment
Tetanus Toxoid	_____	_____	_____
Typhoid Vaccine	_____	_____	_____
Diphtheria Vaccine	_____	_____	_____
Smallpox Vaccine	_____	_____	_____
Measles Vaccine	_____	_____	_____
Polio Vaccine: 1st injection _____ 2 nd _____ 3 rd _____ booster _____			
Others _____			

Special limitations or medication (i.e. glasses must be worn continuously)

To my knowledge I have _____ have not _____ been exposed to a contagious or infectious disease in the past three weeks.

Date: _____

STAFF MEMBER SIGNATURE

OTHER SIDE TO FILLED OUT BY A LICENSED PHYSICIAN AFTER YOU HAVE COMPLETED THE ABOVE

PHYSICAL EXAMINATION

TO BE FILLED OUT BY A LICENSED PHYSICIAN

The object of this examination is to determine that the employee:

1. is physically fit to engage in strenuous activities without harm to him or herself.
2. does not have any contagious or infectious condition that could be conveyed to others.

PHYSICAL EXAMINATION:	Satisfactory	Unsatisfactory
POSTURE - general nutrition _____	_____	_____
HEAD and NECK:		
Eyes _____	_____	_____
Ears _____	_____	_____
Nose _____	_____	_____
Throat general condition _____	_____	_____
Teeth general condition _____	_____	_____
Tonsils _____	_____	_____
CHEST:		
Heart general condition _____	_____	_____
Pulse rhythm _____	_____	_____
Blood pressure _____	_____	_____
LUNGS:		
General condition _____	_____	_____
ABDOMEN:		
Tenderness organs palpable _____	_____	_____
Hernia _____	_____	_____
EXTREMITIES:		
Deformities _____	_____	_____
Veins _____	_____	_____
SKIN:		
General condition _____	_____	_____
Pediculosis _____	_____	_____
Ringworm _____	_____	_____
Athletes Foot _____	_____	_____

Hemoglobin _____ Urinalysis _____

Menstruation _____

Contra indications to swimming _____

Reactions to Penicillin or other drugs, etc. _____

Advice regarding patient: Full activity, restricted activity, no heavy lifting, etc. _____

Phone _____

Examining Physician

Date _____

Address _____
