

# COMPLETE THIS SIDE PRIOR TO GOING TO PHYSICIAN

## STAFF HEALTH FORM

THE PENNSYLVANIA LIONS BEACON LODGE CAMP  
114 SR 103 SOUTH, MOUNT UNION, PA 17066  
(814) 542-2511 [beaconlodgecamp@verizon.net](mailto:beaconlodgecamp@verizon.net)

Personal Health Record of \_\_\_\_\_ SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address: \_\_\_\_\_

DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Returning Staff: \_\_\_\_ New Staff: \_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

### IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

### HEALTH INSURANCE (Medicare, Medicaid, PA Access, or Private Insurance)

Policy Holder's Name: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Name of Insurance Program or Company: \_\_\_\_\_

**PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD(S). A NEW COPY IS REQUIRED YEARLY.**

### MEDICAL HISTORY:

- |  |                    |
|--|--------------------|
| 1. ARE YOU AWARE OF ANY CURRENT HEALTH PROBLEMS?   | Yes _____ No _____ |
| 2. ARE YOU UNDER MEDICAL CARE AT THIS TIME?  | Yes _____ No _____ |
| 3. HAS THERE BEEN ANY SURGERY; ILLNESS; ALLERGY; OR CHANGE<br>IN HEALTH SINCE LAST COMPLETE PHYSICAL EXAM? | Yes _____ No _____ |
| 4. ARE YOU CURRENTLY ON MEDICATION? OVER THE COUNTER   | Yes _____ No _____ |
| PRESCRIPTION   | Yes _____ No _____ |
| Both   | Yes _____ No _____ |

**READ & SIGN BELOW:** To the best of my knowledge, the information contained in this form is accurate and complete. I have authorized physician to give needed immunization and to furnish requested information to agency as needed. I give my permission for full participation in the programs, subjected to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under eighteen)

**ACA REGULATIONS AND CAMP POLICY REQUIRE ALL MEDICATIONS TO BE KEPT IN THE INFIRMARIES FOR SAFEKEEPING. INHALERS AND EPI-PENS ARE THE ONLY EXECPTIONS!**

**PLEASE NOTE:** Upon arrival at camp the nurse will collect ALL medications. Be sure all medications are in original containers and are clearly labeled with name; name of drug; dosage and time medications are to be taken. Also, all medications must match the doctor's orders upon arrival to camp. If changes are made prior to camp,

**IT IS NOT REQUIRED, BUT IS SUGGESTED FOR STAFF MEMBERS TO ACQUIRE THE HEPATITIS B VACCINATION.**