

Becket-Chimney Corners YMCA
748 Hamilton Road
Becket, MA 01223
Ph: (413) 623-8991 Fax: (413) 623-5890

PHYSICAL EXAMINATION REPORT BY PHYSICIAN

As a condition of employment, in accordance with regulatory requirements for licensure and industry standards, employees must provide this form including insurance and immunization records.

****Full physical exam must be conducted within 18 months prior to the start of camp.**

****Doctors may fill out this form or a separate physician's report can be attached.**

Staff Member's Name: _____

Pertinent Medical/Psychological History: _____

Allergies/Dietary Restrictions: _____

This person will be employed in a resident camp setting serving youth.

Are there any restrictions on activities related to the essential functions of this type of job? No____ Yes____

Please describe restrictions: _____

The following immunizations are required by **MA Department of Public Health**

MMR	2 doses , anyone born in or after 1957. 1 dose, anyone born before 1957 outside the U.S. Anyone born in the U.S. before 1957 is considered immune. Laboratory evidence of immunity to measles, mumps and rubella is acceptable
Varicella	2 doses , anyone born in or after 1980 in the U.S., and anyone born outside the U.S. Anyone born before 1980 in the U.S. is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is acceptable
Tdap	1 dose ; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥ 10 years since Tdap
Hepatitis B	3 doses (or 2 doses of Hepvisav-B) for staff whose responsibilities include first aid ; laboratory evidence of immunity is acceptable

*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

➤ **Please attach record or documentation of exemptions**

MMR (Measles, Mumps, Rubella _____) Booster: _____ (Evidence of immunity is acceptable)

Varicella vaccine or disease (N/A if born before 1980) _____ Booster: _____ (Evidence of immunity is acceptable)

Tdap (Tetanus, diphtheria, pertussis) _____

Hepatitis B (for staff whose responsibilities include First Aid & WWT) _____ (Evidence of immunity is acceptable)

COVID-19 BCCYMCA strongly encourages employees to be up-to-date on COVID19 vaccines. If you have received the vaccine/booster(s), please provide documentation of COVID-19 vaccine and booster records.

BCCYMCA reserves the right to ask employees who are contagious to stay home in order to maintain the health of our community.

TB Risk Assessment (see attached)

Most Recent Physical Exam Date: _____

This individual may participate in any and all physical and athletic activities without restriction unless specifically outlined above. Further, to the best of my knowledge. This individual is not suffering from any contagious disease, including tuberculosis.

Signature: _____ MD Date signed: _____

Phone: _____ Address _____ Email: _____

Massachusetts Tuberculosis Risk Assessment

- Use this tool to identify asymptomatic **adults and children** for testing for latent TB infection (LTBI).
- Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.
- For TB symptoms or abnormal chest X-ray consistent with active TB disease □ Evaluate for active TB disease
Evaluate for active TB disease with a chest X-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing (NAAT). A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

Check appropriate risk factor boxes below.

Latent TB infection testing is recommended if any of the 3 boxes below is checked.

If latent TB infection test result is positive and active TB disease is ruled out, treatment of latent TB infection is recommended.

REPORT Latent TB Infection and Active or Suspected Active TB Disease

Go to www.mass.gov/tuberculosis for reporting forms

☐ **Born or lived in a country with an elevated TB rate**

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see User Guide for list).
- Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST) for foreign-born persons ≥ 2 years old. The TST is an acceptable test for all ages when administered and read correctly.

☐ **Immunosuppression, current or planned**

HIV infection, organ transplant recipient; treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication

☐ **Close contact** to someone sick with infectious TB disease *since last TB Risk Assessment*

☐ **No TB risk factors. TB test not indicated; no TB test done.**

Provider: _____

Patient Name: _____

Assessment Date: _____

Date of Birth: _____

See the **Massachusetts Tuberculosis Risk Assessment User Guide** for more information about using this tool.