

Pre-Camp Physical Form: VOLUNTEER

IMPORTANT: MDA Summer Camp is a weeklong, residential camp experience for kids ages 8-17 living with neuromuscular disease. Volunteers can expect to support Campers' physical, mental, emotional, and social needs while participating in daily physical, recreational, adaptive activities in an outdoor camp environment; Camper's medical care is provided by the on-site volunteer medical team. Every volunteer applicant must undergo a pre-camp physical examination within 12 months prior to the start of the camp session and submit documentation as part of their application. This form is recommended for consistency, however other physical examination forms completed for employment or education purposes are also accepted. Forms must be completed in full and signed by a physician or licensed practitioner and returned to MDA no later than six (6) weeks prior to the start of the session.

Immunization Records are also a required component of the volunteer application; please attach to this form if available.

Completed forms must be uploaded to the applicant's UltraCamp account or emailed to camp@mdausa.org.

DOB/ Age: _____ / _____ Height: _____ Weight: _____ lbs

PHYSICAL EXAM / REVIEW OF SYSTEMS- Note in detail or 'within normal limits'; attach additional notes as necessary.

Pulse:	Blood Pressure:
Respiratory Rate:	Oxygen Saturation:

Ears, Eyes, Nose, Mouth & Throat	<i>(hearing, vision, sinus, communication, etc.)</i>
Cardiovascular	<i>(arrhythmia, cardiomyopathy, blood pressure, pacemaker, defibrillator, etc.)</i>
Respiratory	<i>(respiratory equipment or therapies, clear, diminished, asthma, etc.)</i>
GI/ GU	<i>(hernia, food intolerance, etc.)</i>
Musculoskeletal	<i>(spine, muscle pain, muscle spasms, joint pain, recent broken bones, etc.)</i>
Integumentary	<i>(rash, breakdown, etc.)</i>
Neurologic	<i>(headaches or migraines, seizures, etc.)</i>

This individual is able to independently lift 25 pounds and is of sufficient ability to lift and provide care for others.

Volunteer Name: _____

BEHAVIORAL AND MENTAL HEALTH HISTORY

Behavioral or Mental Health Complication or Diagnosis	<i>(ADHD, Anxiety Disorder, Autism, Bipolar Disorder, Depression, Developmental Delay, Eating Disorder, OCD, ODD, PTSD, etc.)</i>
Impact on Individual's Behavior	<i>(self-injurious behavior, suicidal ideations or plans, etc.)</i>
Treatment Plan	<i>(seen by Behavioral or Mental Health Provider, medication, coping skills, etc.)</i>

MEDICAL HISTORY

Recent Hospitalizations or Surgeries <i>(within 6 months)</i>	
Other Health Information, Medical Conditions or Diagnosis	<i>(tolerance to high altitudes, tolerance to extreme temperatures, tolerance to strenuous activity, diabetes, pregnancy, etc.)</i>

PHYSICIAN OR LICENSED PRACTITIONER SIGNATURE

- I have examined the person herein described and have reviewed their health history. It is my opinion that this individual is physically and psychologically able to engage in the MDA Summer Camp Program.
- I have examined the person herein described and have reviewed their health history. It is my opinion that this individual **is not able** to engage in the MDA Summer Camp Program because: _____

Physician/ Licensed Practitioner Signature

Date of Physical Examination

Printed Name

Contact (Email or Phone)

Institution/ Organization/ Practice Name and Address

The Muscular Dystrophy Association (MDA) is actively recruiting Medical Team Volunteers for Summer Camp Sessions across the nation. If you are interested in being a Medical Team Volunteer, interested in learning more about the role of the Medical Team, or willing to assist in our recruitment efforts by reaching out to your community and/or distributing flyers, check the box below and someone from the MDA Recreation Programs Team will contact you. You're also welcome to reach out to us directly at camp@mdausa.org. Thank you in advance for your support of this important program.

I would like more information about being an MDA Summer Camp Medical Team Volunteer!