Volunteer Applicant Name:	



## **MDA Summer Camp**

## **Health 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. Volunteer applicants must submit documentation of a physical examination that took place within 12 months prior to the start of the session. 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 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 / R	EVIEW OF SYSTEMS-	Note in detail or 'within normal limits'; a	ttach additional notes as necessary.	
Pulse:		Blood Pressure:		
Respiratory Rate:		Oxygen Saturation:		
Ears, Eyes, Nose, Mouth & Throat	(hearing, vision, sinus, communication, etc.)			
Cardiovascular	(arrythmia, cardiomyopathy, blood pressure, pacemaker, defibrillator, etc.)			
Respiratory	(respiratory equipment or therapies, clear, diminished, asthma, etc.)			
GI/ GU	(hernia, food intolerance, etc.)			
Musculoskeletal	(spine, muscle pain, muscle spasms, joint pain, recent broken bones, etc.)			
Integumentary	(rash, breakdown, etc.)			
Neurologic	(headaches or migraines, seizures, etc.)			

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

BEHAVIORAL AND M	ENTAL HEALTH HISTORY		
Behavioral or Mental Health Complication or Diagnosis	(ADHD, Anxiety Disorder, Autism, Bipolar Disorder, Depression, Developmental Delay, Eating Disorder, OCD, ODD, PTSD, etc.)		
Impact on Individual's Behavior	(self-injurious behavior, suicidal ideations or plans, etc.)		
Treatment Plan	(seen by Behavioral or Mental Health Provider, medication, coping skills, etc.)		
MEDICAL HISTORY			
Recent Hospitalizations or Surgeries (within 6 months)			
Other Health Information, Medical Conditions or Diagnosis	(tolerance to high altitudes, tolerance to extreme	temperatures, tolerance to strenuous activity, diabetes, pregnancy, etc.)	
☐ I have examined the	gically able to engage in the MDA Summer Caperson herein described and have reviewed ummer Camp Program because:	heir health history. It is my opinion that this individual <b>is not able</b>	
Physician/ Licensed Practitioner Signature		Date of Physical Examination	
Printed Name		Date Form Completed	
Institution/ Organization	n/ Practice Name and City/ State		
across the nation. If y Medical Team, or will check the box below a out to us direc	ou are interested in being a Medical Team ling to assist in our recruitment efforts by nd someone from the MDA Recreation Pro ctly at <u>camp@mdausa.org</u> . Thank you in a	ng Medical Team Volunteers for Summer Camp Sessions Volunteer, interested in learning more about the role of the reaching out to your community and/or distributing flyers, grams Team will contact you. You're also welcome to reach divance for your support of this important program.  MDA Summer Camp Medical Team Volunteer!	

Volunteer Applicant Name: \_\_\_\_\_