

**PHYSICAL EXAMINATION REPORT BY PHYSICIAN**

In compliance with State Regulations and ACA standards, the signature of a licensed medical provider (doctor) and the parents, the insurance and medical information (including immunizations) must be complete before a camper can attend camp. \*\*Full physical exam must be conducted within 18 months prior to the start of camp. \*\*Doctor may fill out this form or a separate physician's report can be attached.

Participants Name: \_\_\_\_\_

Pertinent Medical/Psychological History: \_\_\_\_\_

Allergies/Dietary Restrictions: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Menarche (circle one): yes, no not applicable Medications to be administered at camp (include dose and interval): \_\_\_\_\_

The participant will be engaging in a physically active program that includes hiking/ walking, swimming, and various outdoor activities. Are there any restrictions on activities (circle one) yes no

Activity Restrictions (be specific): \_\_\_\_\_

**The following immunizations are required MA Department of Public Health** Please attach record or documentation of exemptions.

## Campers, staff, and volunteers 18 years of age and older

<b>MMR</b>	<b>2 doses</b> , 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
<b>Varicella</b>	<b>2 doses</b> , 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
<b>Tdap</b>	<b>1 dose</b> ; and history of DTaP primary series or age-appropriate catch-up vaccination. Tdap given at $\geq 7$ 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 $\geq 10$ years since Tdap
<b>Hepatitis B</b>	<b>3 doses (or 2 doses of Heplisav-B) for staff whose responsibilities include first aid</b> ; laboratory evidence of immunity is acceptable

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

Varicella vaccine or disease (N/A if born before 1980) \_\_\_\_\_ Booster: \_\_\_\_\_ (check if there is evidence of immunity or has had chickenpox) \_\_\_\_\_

Tdap (Tetanus, diphtheria, pertussis) \_\_\_\_\_

Hepatitis B (for staff whose responsibilities include First Aid & WWT) \_\_\_\_\_ Booster: \_\_\_\_\_ Booster: \_\_\_\_\_ (Evidence of immunity is acceptable)

COVID-19 BCCYMCA strongly encourages participants to be up to date on COVID19 vaccines. Please provide documentation of COVID-19 vaccine and booster records.

BCCYMCA reserves the right to ask employees who are contagious to stay home 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, as of the date of this physical exam..*

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](http://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  $\geq 2$  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  $\geq 15$  mg/day for  $\geq 1$  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.