



Okizu Adult Health Form

Mail this form to camp office at least three weeks prior to your arrival.

Notify the camp director if you are exposed to a communicable disease within three weeks of beginning your job. The camp expects that you arrive in good health and capable of performing the essential functions of your position which can be found in your staff welcome packet.

Name: _____ Date of Birth: ___/___/___

Email: _____ Spouse: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Physician: _____ Dentist: _____

Family Medical/Hospital Insurance Carrier: _____

Policy/Group #: _____ Date of last health examination: ___/___/___

General Physical/ Mental Health History: This section is voluntary, but very helpful to healthcare staff. If you answer "Yes" to any of these questions, provide more information at the end of this section.

1. Have you ever been hospitalized? Yes No
2. Have you ever passed out during or after exercise? Yes No
3. Have you ever been dizzy during or after exercise? Yes No
4. Have you ever had chest pain during or after exercise? Yes No
5. Do you tire more quickly than your friends during exercise? Yes No
6. Have you ever had high blood pressure? Yes No
7. Have you ever had a racing heartbeat or skipped heartbeats? Yes No
8. Have you ever been knocked out or become unconscious? Yes No
9. Have you ever had a seizure? Yes No
10. Have you ever had a stinger, burner, or pinched nerve? Yes No
11. Have you ever had heat or muscle cramps? Yes No
12. Have you ever been dizzy or passed out in the heat? Yes No
13. Treated for emotional/behavioral difficulties and/or eating disorder? Yes No
14. In past year, have you seen a professional to address mental or emotional concerns? Yes No
15. Significant life events affecting you today? Yes No

Indicate any information useful to the Okizu health team in relation to these health conditions:

Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any of your body areas? Yes No

If so, where? Head Shoulder Leg Neck Chest Arm, hand Ankle Back Hip Foot

Restrictions:

- I have reviewed the program and activities of the camp and feel that I can participate in all activities at Okizu without restrictions.
- I have reviewed the program and activities of the camp and feel that I can participate with the following restrictions or adaptations during my time at Okizu.

Please describe restriction or adaptation _____

Medications:

- I will take daily medication(s) while at camp.
- I will not take any daily medications while at camp.

Please list any over the counter medications you cannot take:

Please list medications you will be taking at camp (optional):

Allergies:

- No known allergies.
- Allergic to:
 - Food
 - Medicine
 - The environment (insect stings, hay fever, etc.)
 - Other (Please describe below what the camper is allergic to and the reaction seen.)

Nutrition:

Our expectation is that staff set an example for campers by eating the provided meal. We work with some medically prescribed diets, such as gluten-free and lactose intolerant, but cannot cater to all individual food preferences. Discuss concerns with the camp director prior to the start of camp.

_____ I eat a regular, varied diet and am prepared to eat a variety of foods while at camp.

_____ I am gluten-free _____ I am lactose intolerant

_____ I am a vegetarian of this type:

- Semi-vegetarian (no pork or beef) Ovo (no meats, fish, seafood, or dairy)
- Pesco (no pork, beef, or chicken) Lacto-ovo (no beef, pork, chicken, seafood, or fish)
- Lacto (no meats, fish, seafood, or eggs) Vegan (no meats, seafood, eggs, or dairy)

Transportation Release: I authorize transportation by emergency vehicle to an appropriate health care facility and pre-hospital medical care, all hospital and physician services, whether medical, surgical and/or dental, necessary for my benefit, safety, and well-being. It is my expressed intention to hold Okizu Foundation harmless for any and all injuries, death, or damages arising from or in any way related to such transportation.

Consent to Treat: In the event of an emergency, every effort will be made to contact an emergency contact. I hereby give authorization to Okizu Foundation to seek treatment for myself by a licensed physician. I hereby give permission to the licensed physician to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery should my medical emergency require this treatment.

The information disclosed on this form may be released to the Volunteer/Staff responsible for the activity including, but not limited to Camp Director, Assistant Camp Director, Medical Director, medical personnel, etc. who have a need to know.

Authorization:

- To my best knowledge this health history is correct and I understand that I am choosing to disclose this information to Okizu.
- I am able to engage in all planned activities except as noted above.
- All forms/records with noted treatment will be retained for seven years. Access to the information will be limited, but copies may be requested by the participant or their legal representative.
- I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Signature: _____

Date: ___/___/_____

Name: _____