



## STAFF MEDICAL FORM 2018

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

D.O.B.: \_\_\_\_\_ (MM/DD/YYYY)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### HEALTH INFORMATION:

1. Do you presently have, or have you recently had, any infectious disease? YES \_\_\_ NO \_\_\_

If yes, please specify the type of illness and provide a doctor's certification indicating you are now fit for camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you recently been exposed to an infectious disease (e.g. measles)? YES \_\_\_ NO \_\_\_

If yes, please specify the type of disease and when exposed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are your immunizations up to date? YES \_\_\_ NO \_\_\_

Date of last Tetanus shot: \_\_\_\_\_

4. If you have allergies, please specify to what and describe reaction:

Drugs

\_\_\_\_\_  
\_\_\_\_\_

Food

\_\_\_\_\_  
\_\_\_\_\_

Insect Bites

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Other

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5. All medication which you must, use, or may require during the camp must be clearly labelled as to type of medication, your name, and specific instructions for use. For the safety of campers and others, all medication is to be kept by the Camp Nurse, unless other arrangements are made with the Nurse.

Please list any medication(s) that you will use during the employment period:

Name of Drug	Reason for Use	Dosage/Time

6. Please state anything not previously mentioned of which the DYS and Camp Nurse should be aware of:

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Note: Please bring with you to camp a copy of your health card or send us a copy with this application.

EMERGENCY CONTACT INFORMATION:

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

I hereby release The Salvation Army and staff members from all responsibility and claim for accident, sickness or other loss, while my son/daughter is at camp, or travelling to and from camp.

\_\_\_\_\_  
STAFF MEMBER'S NAME (PRINTED)

\_\_\_\_\_  
STAFF MEMBER'S SIGNATURE

\_\_\_\_\_  
PARENT'S NAME (PRINTED)

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**FOR THOSE OVER 18 PLEASE SIGN THE FOLLOWING:**

I hereby release The Salvation Army and staff members from all responsibility and claim for accident, sickness or other loss, while I am at camp, or travelling to and from camp.

\_\_\_\_\_  
STAFF MEMBER'S NAME (PRINTED)

\_\_\_\_\_  
STAFF MEMBER'S SIGNATURE

\_\_\_\_\_  
DATE

**THIS FORM MUST BE RETURNED TO THE OFFICE IMMEDIATELY  
VIA MAIL OR EMAIL**

Divisional Headquarters - Prairies  
204-290 Vaughan Street Winnipeg, MB R3B 2N8  
204-946-9101 Fax: 204-946-9498



Giving  
Hope  
Today