

# MEDICAL HISTORY OF THE CAMPER

## *2024 Christian Camp for the Deaf*

Camper's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent's or Guardian's Name

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ Text \_\_\_\_\_

Emergency Call \_\_\_\_\_

### **Immunization Record: (mark down and give accurate or approximate dates)**

Tetanus \_\_\_\_\_  Polio \_\_\_\_\_  
 Typhoid \_\_\_\_\_  Measles \_\_\_\_\_

### **Previous Illness: (Mark down and give accurate or approximate dates)**

Chicken Pox \_\_\_\_\_  Measles \_\_\_\_\_  Mumps \_\_\_\_\_  
 Diphtheria \_\_\_\_\_  Scarlet Fever \_\_\_\_\_  Whooping Cough \_\_\_\_\_  
 Rheumatic Fever \_\_\_\_\_  Typhoid Fever \_\_\_\_\_  Bronchitis \_\_\_\_\_  
 Pneumonia \_\_\_\_\_  Sinus Infection \_\_\_\_\_  Ear Infection \_\_\_\_\_

### **Is Camper Subject to:**

Abdominal Pains \_\_\_\_\_  Ear Trouble \_\_\_\_\_  Bed Wetting \_\_\_\_\_  
 Diarrhea \_\_\_\_\_  Headache \_\_\_\_\_  Nightmares \_\_\_\_\_  
 Frequent Colds \_\_\_\_\_  Allergies \_\_\_\_\_  Sleep Walking \_\_\_\_\_  
 Sore Throat \_\_\_\_\_  Fainting Spells \_\_\_\_\_  Temper Tantrums \_\_\_\_\_  
 Constipation (Remedy?) \_\_\_\_\_  Dizzy Spells \_\_\_\_\_  Asthma \_\_\_\_\_

### **List any medication the camper is currently taking:**

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

### **Others, remarks and/or special instruction regarding above:**

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

### **Limitations in camp activities: (e.g., swimming, hiking, athletics, etc.)**

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

\_\_\_\_\_