

CLOVER PATCH CAMP

Employee Medical and Health History Forms

GENERAL INFORMATION

1. A copy your completed CCUSA/CIEE Health History Form must be submitted to the camp office prior to May 1st. We ask that you send it prior to arrival so that we may review the information for completeness. Since you will be working with a vulnerable population a complete health history and record of immunizations is imperative. **Please note.** The United States may require different vaccinations than those in your home country. Even if you have received immunizations and tests accepted in your country, these may not be enough to attend camp. If you do not have the required immunizations a simple blood test or additional immunization will likely take care of it.
2. *Employee Healthy History Form* (Form B, attached) should be completed by the employee and returned to the camp office prior to May 1st. INTERNATIONAL EMPLOYEES, please make sure that all forms are completed in English.
3. Keep a copy of the completed forms for your records.
4. If you are unable to receive the PPD test prior to arriving, the test can be performed upon arrival at camp at no charge.
5. Notify the camp director immediately if you are exposed to a communicable disease within 21 days of your arrival.
6. We expect you to arrive in good health and capable of doing the job for which you were hired.
7. Information on this form will be kept strictly confidential and will only be available to camp healthcare providers and camp administrators.
8. For your convenience the form may be completed in Word and printed for signature. Return the forms via fax [(00-1) 518-384-3001] or mail to the camp address. Scanned forms may be emailed to d_ross@cfdsny.org.

PAYING FOR HEALTH CARE

1. There is no charge for healthcare administered by camp healthcare providers. Beyond initial treatment the employee may be asked to purchase over-the-counter medications, ointments, etc. for continued treatment.
2. The employee is financially responsible for health care provided by out-of-camp providers (Ellis Hospital/Urgent Care Clinic), unless otherwise specified.
3. If you will be using personal insurance while working at camp, it is your responsibility to know how to access and use that insurance. If your insurance requires pre-authorization, you should consider obtaining it prior to arriving at camp. Make sure to bring your insurance card to camp.
4. INTERNATIONAL EMPLOYEES. There is no universal healthcare in the United States, the individual purchases healthcare insurance. Healthcare insurance provided by CCUSA generally requires payment upfront. CCUSA will reimburse you after treatment by submitting receipts and completing the appropriate forms. It is strongly encouraged that you understand the terms of the insurance prior to leaving your home country.

CLOVER PATCH CAMP

Form B - Employee Health History Form

(To be completed by the employee.)

Employee Name: _____ Date of Birth: _____

NUTRITION (Please check all that apply.)

- I eat a regular diet.
- I am a vegetarian. (Vegetarian options are provided at each meal.)
- I am a vegan. (Employees are expected to provide and prepare their own meals.)
- I am lactose-intolerant. (Employees are expected to provide their own soy milk, Lactaid, etc.)
- I have the following food allergies. _____
- Other _____

HEALTH STATUS ASSESSMENT

1. In the past year:
 - a. Have you been hospitalized? NO YES
 - b. Have you had surgery? NO YES
 - c. Have you had any illnesses? NO YES
 - d. Have you had any work-related injuries? NO YES
 - e. Have you had any changes in the way you feel? NO YES
2. Are you taking any prescription medication(s)? NO YES
3. Are you taking any over-the-counter medication(s) on a regular basis? NO YES
4. Do you have any allergies (medication, food, environmental)? NO YES
5. Are you unable to lift 50 pounds regularly? NO YES
6. Do you have an uncorrected hearing problem? NO YES
7. Do you wear glasses or contacts? NO YES
8. Do you smoke and/or use other tobacco products? NO YES
9. Do you have any piercings? NO YES
Are you willing to remove them for your safety and the safety of the campers? NO YES

Please explain all "yes" answers. _____

MENTAL & EMOTIONAL HEALTH INFORMATION

1. Do you have a psychiatric diagnosis such as depression, OCD, panic/anxiety, bipolar disorder that will impact your work? NO YES
2. Do you have an emotional health concern that will impact your work? NO YES
3. Do you have an eating disorder that will impact your work? NO YES
4. Do you have a learning disability that will impact your work? NO YES

Please explain all "yes" answers. _____

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(To be completed by the employee.)

Employee Name: _____ Date of Birth: _____

EMERGENCY CONTACTS

(International Employees, please include international calling codes necessary to complete the call.)

Contact #1

Name: _____ Relationship to Employee: _____

Phone Number: _____ Alternate Phone Number: _____

Contact #2

Name: _____ Relationship to Employee: _____

Phone Number: _____ Alternate Phone Number: _____

Contact #3

Name: _____ Relationship to Employee: _____

Phone Number: _____ Alternate Phone Number: _____

CONSENT AND WAIVER

Consent to Treat

In the event of an emergency, I give my consent for Clover Patch Camp Healthcare Providers or Ellis Hospital/Urgent Care Clinic to administer treatment and to conduct any tests required to render necessary medical care.

Waiver

- a. I am capable of performing the essential functions of my job and can participate in assigned work duties.
- b. I agree to notify the Camp Director immediately if I have been exposed to a contagious disease within 21 days of the date I am to report to Camp.
- c. All the information provided is accurate and complete to the best of my knowledge.

I have read, understand and consent to the above.

Employee Signature

Date

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(To be completed by the employee.)

Name: _____ Date of Birth: _____

IMMUNIZATIONS [Please give all dates of inoculation or attach a copy of the vaccination record.]

Tetanus	Date of inoculation: _____
Measles/Mumps/Rubella (MMR) <ul style="list-style-type: none">◆ Measles (<u>2 required</u>; Must be after 1968.)◆ Rubella (Must be after 1969.)◆ BCG <p><i>or</i></p> <ul style="list-style-type: none">◆ Combined as 2 MMRs (Must be after 1972.)	Dates of inoculation: 1. _____ 2. _____ <u>You Must Provide Two Dates!</u>
PPD (Tuberculin test) <ul style="list-style-type: none">◆ <u>Results must be dated with one year of the last day of employment.</u> If positive, a chest x-ray report or a note from physician is required stating that the individual is asymptomatic.◆ <i>If unable to receive this test prior to arriving, the test can be performed at camp.</i>	Date of Test: _____ Given by: _____ Date of Reading: _____ Read by: _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative