CAMP LUTHER STAFF HEALTH FORM 2012

Please complete and mail to director with application by March 1, 2012. Make a copy for your records.

Name_____
Last First MI

Birth date_____ Position at camp(if known)_____

Program: Junior____ Intermediate____ Senior____ Staff____ Unknown at this time_____

Do you wear: Eyeglasses ? **Y** N Contacts? **Y** **N**

Have you had any surgery or serious illness within the 6 months? If so, please explain.

Health History (please continue on back, if needed)

Drug Allergies _____ Describe reaction_____

Other allergies _____ Describe reaction_____

Date of last tetanus shot: _____

Please list ALL Conditions and all medications you are taking:**
(Also list conditions that you have that do not require medication)

Examples of Conditions include but are not limited to: High blood pressure, heart problems, diabetes, epilepsy Asthma, Migraines, Emotional Problems, Ear Problems, etc.

Condition	Medications	Dose	Frequency

EMERGENCY INFORMATION

Doctor's name_____ Phone_____
Address_____
City_____ State_____ Zip_____

Name of person to contact in case of an emergency
Name_____
Phone (Home)_____Work_____

Thank you for your service to Camp Luther!

Return by March 30, 2012 with your application to: **Camp Luther Director**
c/o, St. Mark's Lutheran Church
Rt. 1, Box 210
Clarksburg, WV 26301