

Adult Staff Member Health History

A. Personal Information

Title (Mr, Mrs, Ms, etc.)	Last Name	First Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street name and number		City	State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone		Email		
<input type="text"/>		<input type="text"/>		

- 1 Is your vision (with corrective lenses, if applicable) sufficient to perform your duties? Yes No
- 2 Are your speaking abilities sufficient to perform your duties? Yes No
- 3 Is your hearing (with corrective devices, if applicable) sufficient to perform your duties? Yes No
- 4 Do you have any allergies that may prevent you from performing your duties? Yes No
- 5 Do you have any dietary restrictions that may prevent you from performing your duties? Yes No
- 6 Do you have any physical limitations that may prevent you from performing your duties? Yes No
- 7 Do you have seizures? Yes No
- 8 Do you have insulin-dependent diabetes or any form of controlled diabetes? Yes No
- 9 Do you have any mental health or cognitive limitations that may prevent you from performing your duties? Yes No
- 10 Do you sleepwalk? Yes No

Use this space to elaborate as needed for any of the above questions.

B. Self- Declaration

I declare that:

- to the best of my knowledge and belief I am physically fit and there is no other medical condition or disability likely to prevent me from performing duties effectively as a staff member.
- to the best of my knowledge the information provided by me on this form (and any attachments I have included with this form) is true and correct.

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Confidentiality Statement

Rule 125. A camp shall maintain a health history statement for each staff member. A camp shall maintain and safeguard any health information received in a manner consistent with the confidentiality requirements of 1973 PA 116.