



# DODASA RANCH Camp



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## Health History Form

Return this completed form to:

Dodasa Ranch  
5059 Carol Lane  
Valley Springs, CA 95252

Full Name \_\_\_\_\_

Female  Male DOB \_\_\_\_\_

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

Start Date \_\_\_\_\_ End Date: \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_

Email \_\_\_\_\_

International Staff: rate your ability to speak and read English:

0 1 2 3 4 5  
Low ability Good ability Fluent in English

Is this your first year as a staff member?  Yes  No

- Return this form to our camp office at least four weeks prior to your arrival. People hired within four weeks of their start date should not send this form; bring it with you and give it to the Health Center staff at camp.
- Notify the camp director if you are exposed to a communicable disease within three weeks of beginning your job.
- The camp expects that you arrive in good health and capable of performing the essential functions of your position. If you have concerns regarding this, speak with the camp director prior to arrival.
- Information on this form is available to Health Center staff and your work supervisor(s) as necessary.
- If you have questions about our camp health services, please call our office

### Allergies (Check those that apply to you)

No known allergies

Food allergies \_\_\_\_\_

Causes anaphylaxis?  Yes  No What happens if you eat this food(s) and how the reaction is managed?

\_\_\_\_\_

Medication allergies \_\_\_\_\_

Causes anaphylaxis?  Yes  No

Substance allergies \_\_\_\_\_

Causes anaphylaxis?  Yes  No

Describe what happens if you are exposed to these medications or substances and how the reaction is managed.

\_\_\_\_\_

**Nutrition:** Our expectation is that staff set an example for campers by eating the provided meal. We work with some medically prescribed diets, such as gluten-free and lactose intolerant, but cannot cater to individual food preferences. Discuss concerns with the camp director prior to the start of camp.

I eat a regular, varied diet and am prepared to eat a variety of foods while at camp.

I am a vegetarian of this type:

Semi-vegetarian (no pork or beef)

Ovo (no meats, fish, seafood, or dairy)

Pesco (no pork, beef, or chicken)

Lacto-ovo (no beef, pork, chicken, seafood, or fish)

Lacto (no meats, fish, seafood, eggs)

Vegan (no meats, seafood, eggs, or dairy)

I do not eat \_\_\_\_\_ products because of religious beliefs.

**Chronic Concerns:** (Check all that pertain to you and provide information about supportive healthcare.)

Your supervisor expects that staff who have chronic health concerns are capable of performing the essential functions of the job for which they have been hired. If you have any concerns, please speak with your supervisor.

I have no chronic health concerns

I have the following chronic health concern(s):

Asthma  Headaches/Migraines  Sleep problem  Diabetes  Difficulty breathing

Dysmenorrhea  Fainting  Seizure disorder: \_\_\_\_\_

Back pain or injury  Knee or ankle weakness  Hepatitis C  Hepatitis B

Other \_\_\_\_\_

Surgical history \_\_\_\_\_

### Immunization History

Date (month/year) of your most recent tetanus immunization \_\_\_\_\_

Have you completed the immunizations that were required for school attendance?  Yes  No

**Medication** (All medication must be locked securely unless in the immediate possession/control of the user. All medication should be originally submitted to the Health Center)

NOTE: Health Center staff will ask about your medication(s) to determine if the use (or non-use) of such medication will impair completion of the essential functions of your job. They may also ask about medication when you seek healthcare.

**General Physical History** (If you answer “Yes” to any of these questions, provide more information at the end of this section)

- |  |  |
|--|--|
| 1. Have you ever been hospitalized?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever passed out during or after exercise?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been dizzy during or after exercise?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever had chest pain during or after exercise?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you tire more quickly than your friends during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever had high blood pressure?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever had a racing heartbeat or skipped heartbeats? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you ever been knocked out or become unconscious?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have you ever had a seizure?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. Have you ever had a stinger, burner, or pinched nerve?  Yes  No
11. Have you ever had heat or muscle cramps?  Yes  No
12. Have you ever been dizzy or passed out in the heat?  Yes  No
13. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any of your body areas?  Yes  No
- If so, where?  Head  Shoulder  Leg  Neck  Chest  Arm, hand  Ankle  Back  Hip  Foot
14. Have you been in countries other than the United States in the past nine months?  Yes  No
- If yes, list the countries and the time spent in them.

Country \_\_\_\_\_ Dates \_\_\_\_\_

Country \_\_\_\_\_ Dates \_\_\_\_\_

Country \_\_\_\_\_ Dates \_\_\_\_\_

Use the space below to explain and/or provide more detail about the General Physical Health questions to which you responded "Yes."

Item # \_\_\_\_\_

Item # \_\_\_\_\_

Item # \_\_\_\_\_

Item # \_\_\_\_\_

Your physician \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Your dentist/orthodontist \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

### Paying for Health Care

- There is usually no charge for healthcare provided by the camp's Health Center staff.
- You are financially responsible for healthcare provided by all other providers.
- If you will be using personal insurance while working at camp, know how to access that insurance. Bring your insurance card and know how to use it. Consider obtaining preauthorization if your insurance requires this.

### Emergency Contact (Who do you want us to contact in an emergency?)

Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

### Authorization for Healthcare (Parental signature required for staff under 18 years of age)

This health history is correct. I am capable of performing the essential functions of my job and participating in assigned work duties as noted on this form. I understand my health information will be used by the camp's Health Center staff in providing care to me and may be reviewed by my work supervisor(s).

Staff Person Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**-- Staff Member STOP Here --**

