



# Jõekäärü Suvekodu Selts / Estonian Camp Udora, Inc.

## Jõekäärü Laste Suvekodu

### EMPLOYEE MEDICAL FORM

(to completed and signed by parent or legal guardian if underage)

Name of employee: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

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

Home # \_\_\_\_\_ work # \_\_\_\_\_ cell #: \_\_\_\_\_

Health Card: \_\_\_\_\_

Other Insurance: \_\_\_\_\_ Name of Carrier: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Tel#: \_\_\_\_\_

Responsible contact to be notified if you must be unavoidably transferred from camp:

Name \_\_\_\_\_ home tel#: \_\_\_\_\_ work tel#: \_\_\_\_\_

#### Check only if "yes"

##### Have you had:

- chickenpox
- scarlet fever
- red measles
- german measles
- mumps
- whooping cough
- hepatitis
- diphtheria
- rheumatic fever
- \_\_\_\_\_

##### Are you subject of:

- tonsillitis
- earache
- fainting
- abdominal pain
- headaches
- sleep walking
- bed wetting
- summer cough
- hay fever
- eczema

##### Do you have:

- heart disease
- epilepsy
- diabetes
- bee sting allergy
- insect allergy
- penicillin allergy
- other drug allergy
- a special diet
- special medication
- asthma

##### Explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

##### Full immunization

- tetanus
- poliomyelitis
- diphtheria
- pertussis
- red measles
- rubella
- mumps

##### Date of the latest booster

- tetanus tozoid \_\_\_\_\_
- polio vaccine \_\_\_\_\_
- diphtheria \_\_\_\_\_
- pertussis \_\_\_\_\_

##### Comments on above history

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

May you go in the water?  YES  NO

Please provide any other information which may be helpful to the medical personnel:

\_\_\_\_\_

\_\_\_\_\_

If I become exposed to an infectious disease just prior to coming to camp, I will notify the director.

I hereby grant permission that I may be taken to an available medical doctor or hospital for treatment should it be required.

To the best of my knowledge I am in good health, free from communicable diseases, and am fit to participate in camp activities, except as previously indicated.

The undersigned covenants and agrees to indemnify, defend and save harmless the Estonian Camp Udora Inc. and/or its employees from and against all claims, actions and suits whether groundless or otherwise and from and against all liabilities, losses, damages, costs, charges, council fees and other expenses of every nature arising directly or indirectly out of or in consequence of by reason of or as a result of any inadvertence, accident, oversight or neglect.

Date: \_\_\_\_\_

Signature (self or parent/legal guardian if underage): \_\_\_\_\_