Jõekääru Suvekodu Selts / Estonian Camp Udora, Inc.
Jõekääru 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:	*Are you subject of:*	*Do you have:*	*Explain*
☐ chickenpox	☐ tonsilitis	☐ heart disease	_____
☐ scarlet fever	☐ earache	☐ epilepsy	_____
☐ red measels	☐ fainting	☐ diabetes	_____
☐ german measels	☐ abdominal pain	☐ bee sting allergy	_____
☐ mumps	☐ headaches	☐ insect allergy	_____
☐ whoopping cough	☐ sleep walking	☐ penicillin allergy	_____
☐ hepatitis	☐ bed wetting	☐ other drug allergy	_____
☐ diphteria	☐ summer cough	☐ a special diet	_____
☐ rheumatic fever	☐ hay fever	☐ special medication	_____
☐ _____	☐ eczema	☐ asthma	_____

Full immunization	*Date of the latest booster*	*Comments on above history*
☐ tetanus	tetanus tozoid _____	_____
☐ poliomyelitis	polio vaccine _____	_____
☐ diphtheria	diphtheria _____	_____
☐ pertussis	pertussis _____	_____
☐ red measels		_____
☐ rubella		_____
☐ mumps	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, councel 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):* _____