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 measles			
☐ rubella			
☐ mumps			
☐ Covid-19	Vaccination Date(s):		

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):* ______________________