

STAFF HEALTH FORM

RETURN WITH JOB APPLICATION

First Name: _____ Last Name: _____

Birth Date: _____ Age: _____

Medical History

Do you have any allergies? ___Yes specify: _____

Do you take medication regularly? ___Yes specify: _____

Are all shots up to date? ___ Yes Date of last tetanus shot: _____

When was your last physical exam? _____

Do you have any medicals problems we should know about? _____

Do you have any psychological problems? _____

Do any of your medical concerns limit your ability to partake in any camp activities?

Emergency Information

In case of an emergency contact

Name: _____ Relationship to you: _____

Address: _____

Day Phone #: _____ Night Phone #: _____ Cell Phone # _____

Physicians Name: _____ Phone # _____

Insurance Information

Staff members are required to carry their own health insurance.

Type of Insurance: _____ Subscriber _____

Relationship to subscriber: _____

Creative Themes is required to carry Workman's Compensation coverage.

All above information is true to my knowledge.

Signature: _____ Date: _____