PHYSICAL EXAM FORM (STAFF)

YMCA CAMP BELKNAP



Leader/Belknap Staff: Please complete the top portion of this form with your name, job and date of birth and then provide to your health care provider to complete and sign.

STAFF NAME:			
	Last	First	Middle Initial
BIRTH DATE:	//_		
JOB AT CAMP:			
provide to camp. Ple Camp Belknap this su 16. Camp programs of mental and physical of include but are not lin and risk during long w	ease include immunization Immer. This camp is a tradican be physically and mental Capacity can usually expect to The properties of the pro	n record. The named tional all-boys residen lly strenuous at times, to do well in our progra supervising children as such as swimming ar	, remaining focused on safety and sports. Please see reverse
TODAY'S DATE:	//_		
PHYSICAL EXAM CO	OMPLETED ON://	(must be within las	t 12 months)
Any recent injuries or yes, please list below		(chronic or reoccurring	illnesses?) □ No □Yes (If
	concerns or restrictions . For limited for health reasons		
			nistory, that would preclude for essential functions). $\ \square$ No
ALLERGIES: □No Kr	nown □Food □Medicine	☐ Environment/Bee	e Sting □Other
• •	response? □ No □Yes In rry Epi-pen on them at ca	• • •	te the separate Permission
ASTHMA: No Carry Inhaler on the	Yes If yes, please complet em at camp.	te the separate Pern	nission Form if needs to
	s of their position (see rever		t impair their ability to perform ons) □ No □Yes (If yes,
IMMUNIZATIONS:	☐ Attached copy and verified	d up to date Date of	last Tetanus:
camp and camp activ	rson has been determined to ities without restrictions exc nature	ept as noted above.	otionally fit to participate in Date
Licensed Provider Nar	me (printed):		Title:
Telephone: ()			

NAME Last:

PHYSICAL EXAM FORM (STAFF)

YMCA CAMP BELKNAP



Essential Functions - All Staff Positions

- Employee is regularly required to stand, walk, reach, stoop, kneel and crouch.
- Employee must occasionally lift and or move items up to 50 lbs.
- Employee must be able to maintain a physically and emotionally safe environment for campers.

Additional Functions - Leader/Program Staff

- Employee must be able to walk entire camp property during day and in dark at night with flashlight.
- Employee must have mental and emotional capacity to exhibit good judgment and problem solving.
- Employee must be able to manage their emotions to remain focused on the best interest of the campers and safety of campers.
- Employee must be able to maintain focus for extended periods while working long hours.
- Employee must be able to sleep in cabin with campers.

Additional Functions -Kitchen Staff:

- Employee must be able to stand for extended periods of time.
- Employee will have extended exposure to kitchen heat and humidity, and handling hot pots and pans.
- Job involves precise use of kitchen equipment, including sharp knives, etc.

Additional Functions -Health Staff/Nurses:

- Employee will be exposed to health center conditions, including exposure to illnesses.
- Job involves precise use of medical equipment, including but not limited to sharp syringes.
- Employee must be able to walk entire camp property during day and in dark at night with flashlight.

Additional Functions - Maintenance:

- Employee must be able to stand for extended periods of time.
- Job may involve extended exposure to heat and humidity, and cold and damp environments.
- Employee must be able to work in primarily outside environment.
- Job involves precise use of heavy machinery, hand tools and power tools.



PERMISSION TO POSSESS AND USE MEDICATION (EPI/INHALER/OTHER) FOR **EMERGENCY**

STAFF NAME:			
	Last	First	Middle Initial
BIRTHDATE	_//		
		hysician in its entirety a ry an Epi-Pen and/or ast	
	g Epi-Pen/Asthma Inhaler medical conditions:	er: No □Yes. If yes, please	list:
Medication Order Name of Medicatio	r <u>:</u> n:		
Dose:			
Frequency/Time of	Medication:	Rc	oute:
Start date of order	:	End date of order:_	
Does the staff pers describe:	son need assistance with	n administration? \square No	□Yes If yes, please
Specific recomme	endations for when to	administer (symptom	s that would indicate need
for administration)	:		
List side effects, medication is ad		d or adverse reaction	s to be observed if the
	endations for care aft n to activity after tir	er medication is admi ne):	nistered (health center
		ccur if a child/camper se receive a dose of th	
This staff person has camp setting.	the knowledge and skills	to safely possess and use t	he identified medication in a
Licensed Provider	Signature	D	ate
Licensed Provider Na	me (printed):		Title:
Office Address:			
Telephone:_()_			aler to be kept at the Health
STAFF PERSON: I	will also provide an extra [Epi-Pen and/or Asthma Inha	aler to be kept at the Health
Center for emergenc			Date: / /
If staff person is <18	B years old, parent/guardia for this staff person to kee	an must also sign this form the above named medica	below acknowledging that
Parent/Guardian Sign	nature:		_Date:/