PHANTOM RANCH BIBLE CAMP

STAFF MEDICAL FORM - 2006

If you have had a physical within the past thirty-six (36) months, you may present Phantom Ranch with a copy of said physical. **However, Sections A, B, & D must be completed by the Staff Member, signed (if applies to you) and returned to Phantom Ranch prior to your arrival.**

• *SECTION A* – Must be completed even if using a previous physical

Name _____
Last First

Address _____

City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

Age _____ Date of Birth _____

Staff Position _____

• *SECTION B* – Must be completed even if using a previous physical

Immunization tests - record dates of last inoculation, except in polio vaccine.

Diphtheria _____ Smallpox _____ Schick _____ TB Test _____ Tuberculin _____

Polio Vaccine: 1st Oral _____ 2nd _____ 3rd _____ Booster _____

Tetanus Toxoid or DPT shot (not antitoxin) _____

Have you experienced: Fainting _____ Other _____

Are you on any special dietary regime that must be continued? _____ If yes, please explain.

_____

_____

Do you have any allergies to:
Food _____

Medication _____

Other _____

Daily or special medications to be continued at camp: _____

_____

_____

Have you had any significant past illnesses, diseases, operations? _____

_____

_____

(OVER)

• *SECTION C* - To be filled out by a licensed MD. or Registered Nurse

Any restrictions to swimming? __________ To diving? __________

Any other restrictions we should be aware of? ____

____

General condition or appraisal:

Satisfactory ____

Not Satisfactory ____

Urine Analysis (optional):

Satisfactory ____

Not Satisfactory ____

Check if Normal:

[ ] Skin [ ] Eyes [ ] Ears [ ] Nose [ ] Heart [ ] Lungs

Weight: _______________ Height: _______________

TB Test: Negative __________ Positive __________

I believe this person able to be on staff at Phantom Ranch Bible Camp and involved in all activities with the attached restrictions and/or recommendations:

____

____

____

Signature of Examining Physician or Registered Nurse

* *

• *SECTION D* - Emergency Release & Parental Signature – Must be completed

In case of emergency due to illness or injury, Phantom Ranch is authorized to proceed with such medical attention by the Phantom Ranch nurse, qualified Senior Staff, physician, or hospital as deemed necessary.

Name ____ Date ____________________

Insurance Carrier _________________________________ Policy No. _________________

If under 18 years of age, the following must be completed:

___________________________________ ___________________________________

Father's Signature Date Mother's Signature Date

Please return this form to Phantom Ranch prior to your arrival at the Ranch.

Phantom Ranch Bible Camp
W309 S10910 Hwy I Mukwonago, WI 53149
Phone Number: 262-363-6940 Fax Number: 262-363-6941