

PHANTOM RANCH BIBLE CAMP
STAFF MEDICAL FORM - 2017

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

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Emergency Phone _____
Age _____ Date of Birth _____
Staff Position _____

SECTION B -- Past Medical History – Must be completed

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) _____

List allergies:

Food _____
Medication _____
Other _____

Have you experienced: Fainting _____ Chest Pain _____ Communicable Diseases _____ Other _____

Are you on any special dietary regime that must be continued?

Daily or special medications to be continued at camp:

Have you had any significant past illnesses, or operations?

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

Any restrictions to swimming? _____

Any other restrictions we should be aware of?

General condition or appraisal:

Satisfactory _____

Not Satisfactory _____

Check if Normal: Skin Eyes Ears Nose Heart Lungs

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. _____

Employee Signature: _____ Date: _____

If under 18 years of age the following signatures are required:

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**