

YOUTH CAMP HEALTH HISTORY
STAFF MEMBER/VOLUNTEER

Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Person: _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____

HEALTH INFORMATION:

Are there any pertinent health problems including physical, psychiatric, or behavioral problems of
which we need to be aware? NO

YES, Explain: _____

Are there any medications, dietary restrictions, allergies, or special needs of which we need to be
aware? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:
Must list current residence above.

For staff members/volunteers who currently reside **within** the United States, a United States
territory, or the District of Columbia: Do you have any immunization exemptions because of a
parental or guardian objection or medical contraindication? NO

YES, List: _____

For staff members/volunteers who reside **outside** the United States, a United States territory,
or the District of Columbia: Attach record of vaccination or immunity on Department form
MDH-896.

Staff Member/Volunteer Signature or
Parent or Legal Guardian's Signature (If Staff Member is Under 18 Years)
MDH-4767 (12/2017)

Date