Massachusetts Junior Conservation Camp

Mailing: PO Box 306 - Northborough, MA 01532
Phone: 508-450-5120 Email:MAJuniorCamp@gmail.com
Website: www.juniorconservationcamp.org

Name	Age	Sex
Address	Date of Birth	Phone

Employee Health Record

Please indicate whether you have ever had the following:

Asthma	❒ Yes ❒ No	Measles, German	❒ Yes ❒ No
Chicken Pox	❒ Yes ❒ No	Mumps	❒ Yes ❒ No
Cramps	❒ Yes ❒ No	Rheumatic Fever	❒ Yes ❒ No
Depression	❒ Yes ❒ No	Scarlet Fever	❒ Yes ❒ No
Fainting	❒ Yes ❒ No	Seizures	❒ Yes ❒ No
Hay Fever	❒ Yes ❒ No	Sleepwalking	❒ Yes ❒ No
Indigestion	❒ Yes ❒ No	Operations _____	
Measles	❒ Yes ❒ No		

Please check if you have sensitivity to the following:

Bronchitis	❒ Yes ❒ No	Poison Ivy, Oak or Sumac	❒ Yes ❒ No
Colds	❒ Yes ❒ No	Sinus Infections	❒ Yes ❒ No
Convulsions	❒ Yes ❒ No	Sore Throat	❒ Yes ❒ No
Ear Infections	❒ Yes ❒ No	Stomach Upsets	❒ Yes ❒ No
Headaches	❒ Yes ❒ No	Other _____	

Please list any concerns, medical or otherwise, which our Camp Director/Camp Nurse should be aware of _____

_____

INSURANCE INFORMATION

Name of Subscriber _____

Relationship to Employee _____

Insurance Company _____ Policy Number _____

Insurance Company Phone _____

Signature _____ Date _____