



# 2008 ADULT HEALTH FORM

**CAMP FREDERICK**  
6996 Millrock Road  
Rogers, OH 44455

**PHONE: 330-227-3633**

**FAX: 330-227-9005**

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID# or SS #: \_\_\_\_\_

**(Lutheran Outdoor Ministries provides secondary insurance only).**

### **In case of emergency, notify:**

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

### **HEALTH HISTORY:**

Describe management of chronic problems and/or allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **None:** \_\_\_\_\_

Describe past medical treatment, surgeries, hospitalization, injuries, or special restrictions while at camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **None:** \_\_\_\_\_

List all medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ **None:** \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ **None:** \_\_\_\_\_

Are you a vegetarian?      **YES**    **NO**

Have you had chicken pox?    **YES**    **NO**

Please use this space to provide any other pertinent information regarding your health history:

\_\_\_\_\_  
\_\_\_\_\_

### **Immunization Record:**

Date of Tetanus Booster: \_\_\_\_\_

**Check all that apply:**

**Chronic Problems:**

High Blood Pressure

Asthma

Diabetes

Headaches

Psychiatric Care

Seizures

Heart Disease

Chronic lung disease

Other-Specify: \_\_\_\_\_

\_\_\_\_\_

None

**Allergies**

Food: Type: \_\_\_\_\_

Medication: Type: \_\_\_\_\_

Insect Stings: \_\_\_\_\_

Hay Fever: \_\_\_\_\_

Other-Specify: \_\_\_\_\_

**Do you carry any of the following medications?**

Nitroglycerin tablets or spray

Epinephrine

Rescue Inhaler

Fast acting sugar