

Brown City Camp
 8700 Wilcox Rd.
 Brown City, MI 48416
 Phone: 810-346-2480
 Email: webinfo@browncitycamp.org



STAFF HEALTH HISTORY RECORD
 MICHIGAN DEPARTMENT OF SOCIAL SERVICES

Employee Information				
Name: _____ Sex: _____ Birthdate: _____ Address: _____ City/State/Zip: _____ Phone: _____ Cell Phone: _____ Email: _____				
Camp Info				
Which Camp(s) do you plan to serve? KIDZ CAMP _____ BROWN CITY YOUTH CAMP _____ In what capacity? COUNSELOR _____ OTHER STAFF POSITION _____				
Medications Needed or Used (including psychiatric)				
	Type of Medication	Frequency Taken	Dosage	Currently Being Taken
1.				
2.				
3.				
4.				
Information				

Are there any special conditions to be watched for such as allergies to foods, drugs, insect bites/stings, etc.? If so, please list allergies or conditions and include any instructions that would be helpful if a problem arises: _____

Have you recently been exposed to any infectious disease? No ___ Yes ___ If yes, please explain:

Are you restricted from any activity because of physical defect or illness? No ___ Yes ___ If yes, please explain the degree of restriction: _____

Signature

To the best of my knowledge, I certify that the above information is true:

Signed: _____ Date: _____

Reviewed by Health Officer: _____ Dade: _____