

SOUTH SHORE COUNTRY DAY SCHOOL & CAMP
1149 NEWBRIDGE ROAD NORTH BELLMORE, NY 11710 516-785-3311

STAFF MEDICAL FORM

NAME _____ DATE OF BIRTH _____

ADDRESS _____

EMERGENCY NAME & PHONE _____

PERSONAL HISTORY: LIST ANY SIGNIFICANT ILLNESS, ACCIDENTS, OR HANDICAPPING
CONDITIONS: _____

ALLERGIES- LIST- _____

DO YOU HAVE AN EIPEN? _____ INHALER? _____

MEDICATIONS- LIST _____

PHYSICAL EXAM- HEIGHT _____ WEIGHT _____

ANY ACTIVITY RESTRICTIONS _____

IMMUNIZATION HISTORY DATES:

DPT/DTap _____ MMR _____

POLIO _____ Hib _____

HEPATITUS B _____ VARICELLA _____

**The above patient is medically fit to work with children in a recreational setting*

YES _____ NO _____

PHYSICIAN'S NAME _____

ADDRESS _____ PHONE _____

SIGNATURE _____ DATE OF EXAM _____