Easter Seals Colorado Program Medical Form

Please return this form with physician’s signature within one week of Program to:
For Discovery Club or Summit Day Camp: 5755 W. Alameda Ave., Lakewood, CO 80226.
For Rocky Mountain Village: PO Box 115 Empire CO. 80438

Application will be returned if incomplete. Please note Medical Form is (3) pages in length.

**Medical History**

1. Are the applicant’s immunization records up-to-date and complete?  Yes  No
   *If applicant is under 18 years old, please attach a copy of records.*

2. Date of last tetanus shot ________________________________ (Mandatory Information)

3. Has there been any recent exposure to a contagious disease?  Yes  No
   a. If yes, please explain

4. How would you assess the applicant’s current health?  Good  Fair  Poor

5. List any chronic health problems (e.g. asthma, pressure sores, cough, constipation) and treatments of which the medical staff should be aware:

6. Is the applicant a carrier of Hepatitis B or has he/she been exposed to Hepatitis B? Yes  No
   a. If yes, was a lab test conducted to determine the presence of antibodies? Yes  No
   b. Were antibodies present?  Yes  No
   c. **Physician’s Initials** ____________________________

7. Is the applicant a carrier of any other infectious or contagious condition?  Yes  No
   a. If yes, please explain:

8. Does the applicant have any known allergies?  Yes  No
   a. If yes, please describe:

9. Does the applicant have seizures?  Yes  No
   a. **If yes, please answer the following:**
      
      Current status (i.e. active, controlled): ________________________________

      b. Type of seizure: How often: ____________________________________________
**Easter Seals Colorado Program Medical Form (Continued)**

**Medications:** List all medications, vitamins and supplements currently taken by the applicant.
Please continue list of medications, vitamins and supplements on the back of this form.

<table>
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<tr>
<th>Med. Name</th>
<th>Dose</th>
<th>Frequency</th>
<th>Times Given</th>
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Please describe how the applicant best takes the medication(s)? (ie, with water, pudding, etc.)

All medications must be prepackaged in a medication cassette by a pharmacist or caregiver.
You must include the original bottles and at least one pill in original bottles.

**Restrictions:**

1. Has the applicant been hospitalized or treated in an emergency room recently? Yes No
   If yes, please explain:

2. Are there any physical conditions, past operations or injuries which should restrict camp activity? Yes No
   If yes, please explain and list any restricted area:

3. Please list any dietary restrictions:

4. Does the applicant require a night attendant at home? Yes No
   If yes, the applicant must bring the night attendant with him/her to camp and prior arrangements must be made ahead of time for the applicant’s night attendant.

5. Pulse Oxide Range _________ to_________

6. **Physician’s Initials** _______________
Easter Seals Colorado Program Medical Form (Continued)

Additional Medications, Vitamins and Supplements:

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PHYSICIAN’S CONSENT AND SIGNATURE

When seen by me on this date, the above named applicant was free from any contagious or infectious diseases or conditions and is capable of participating in the summer camp program at Rocky Mountain Village.

Physician Signature: __________________________________________ Date: __________________________

Physician’s Name (Please Print): __________________________________________

Office Phone: ___________________________ Emergency Phone: ___________________________

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