Michigan Region Missionary Church
1091 Creekwood Trail ~ Burton, MI 48509
Phone: 810-742-7462
Fax: 810-742-8102
Email: office@mcmichigan.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?

BROWN CITY KIDZ CAMP_____
MANCELONA YOUTH 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: _____ Date: _____