

# Michigan Region Missionary Church

1091 Creekwood Trail ~ Burton, MI 48509

Phone: 810-742-7462

Fax: 810-742-8102

Email: [office@mcmichigan.org](mailto: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: \_\_\_\_\_