



Administrative Camp Director:
Alisa Zitofsky
Wee Friends Camp & School Director
Linda Zryb



STAFF MEDICAL EXAMINATION FORM
To be completed By Physician, Physician's Assistant, or Nurse Practitioner

Staff Member's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Emergency Contact: Name: _____ Relationship: _____ Phone: _____

Tuberculin Test							
Date Administered: _____	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p align="center"><u>Please specify</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Tine <input type="checkbox"/></td> <td style="width: 50%;">Mantoux <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Pos <input type="checkbox"/></td> <td style="text-align: center;">Neg <input type="checkbox"/></td> </tr> <tr> <td align="center" colspan="2"><u>Results</u></td> </tr> </table> </div>	Tine <input type="checkbox"/>	Mantoux <input type="checkbox"/>	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	<u>Results</u>	
Tine <input type="checkbox"/>		Mantoux <input type="checkbox"/>					
Pos <input type="checkbox"/>	Neg <input type="checkbox"/>						
<u>Results</u>							
Date Read: _____							
If positive, please attach physician's statement documenting treatment and follow-up.							

Include All Dates
Immunizations

Other

DPT	1 st	2 nd	3 rd	Booster	Booster
ORAL POLIO	1 st	2 nd	3 rd	Booster	Booster
COVID-19	1 st	2 nd	Booster	Booster	Booster
MMR	1 st	2 nd			

Type	Date
Type	Date
Type	Date

On the basis of my findings and on my knowledge of the above named individual, I find that his/her health is satisfactory to provide child care at camp. () yes () no
 He/she is free from communicable disease. () yes () no
 He/she is physically and mentally fit to provide child care at camp. () yes () no
 Medical or Developmental Concerns: None _____ Yes: (specify) _____

Meds needed during work hours: None: ___ Yes (specify) _____

Allergies: None known ___ Yes (specify) _____

Signature of Examiner: _____ Complete Address: _____

Name (please print): _____

Title: _____

Date: _____ Phone: _____

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From Wee Friends to Camp Iconic- We Take You Full Circle!