



Camp Tidnish Medical Report

Please submit this form before May 1st, 2024

Instructions

- **NEW CAMPERS & LAPSED:** The medical form must be completed and signed by a physician/Nurse Practitioner.
- **RETURNING CAMPERS:** This form must be completed each year. If you had the medical report completed by a physician in 2023, then the primary caregiver may complete this form online. Sign into your Active account to complete it.
- If the camper's medical condition has changed since last attending camp, a physician must complete this form.
- The Primary Caregiver must also provide a "Patient Medical History" / "Medication Administration Record" of the camper's prescription medications: this can be obtained from their pharmacist.

These forms can be faxed to Easter Seals NS at 902-454-6121, or scanned and emailed to: camping@easterseals.ns.ca, or mailed to: Camp Tidnish – Easter Seals Nova Scotia 22 Fielding Ave., Dartmouth, N.S. B3B 1E2

Camper's Name: _____ Date of Birth (D/M/Y): ____/____/____

Health Card (MSI) #: _____ Exp. Date: _____ Province: _____

Name of Camper's Physician: _____

Physician's Phone Number: _____

Diagnosis: _____

Describe the nature and degree of the disability or condition: _____

Is applicant subject to seizures or convulsions? Yes No Details: _____

If "yes", how often? How long do they usually last? _____

Does applicant have allergies? Yes No

If "yes", please specify: _____

Does the applicant follow a special diet/have any dietary restrictions? Yes No

If "yes", please specify: _____

Is the applicant being treated for contagious skin conditions: i.e. scabies, impetigo, ringworm? Yes No

Describe: _____

Are there any pressure sores or open wounds present? Yes No

Describe: _____

Please indicate if the camper has any of the following:

- Bleeding/clotting disorder
- Diabetes Type: _____
- History of hypertension – Blood Pressure: _____
- Subject to frequent urinary tract infections
- Migraines
- Gastro-Intestinal Conditions – Please Specify: _____
- Respiratory Conditions – Please Specify: _____
- Chronic heart condition - Please specify: _____
- Mental health condition - Please specify: _____
- Other significant medical condition - Please specify: _____

Has the camper been immunized against the following? (Separate record may be attached)

	Date		Date	
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Tetanus <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Meningococcal Disease	_____
Hepatitis A	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pertussis	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Covid-19 *	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		

***As per Easter Seals Nova Scotia policy Covid-19 vaccination is mandatory for all participants. Please submit proof of Covid-19 vaccination along with the medical form.**

Does the applicant have a ventricular or arterial shunt? Yes No | Date of last blockage: _____

If "yes", please specify instructions: _____

Has the applicant had any operations/injuries/hospitalizations in the last 5 years? Yes No

Describe, including dates: _____

Camper's Height: _____ Camper's Weight: _____

Is camper taking any medications? Yes No

If "Yes", please attach a Medication Administration Record (MAR) or "Patient Medical History". This may be obtained from your pharmacy.

Name of Medication	Dose	Route	Frequency	PRN <input checked="" type="checkbox"/>

Does the camper need their medication crushed? Yes No

Other medication administration considerations (apple sauce, yoghurt etc.)? _____

Do you think this individual is suited for camp? Yes No

Further Comments/ Considerations:

This information is complete to the best of my knowledge.

If completed by a **Physician**:

Physician's Signature: _____ Date: _____

If completed by a **Primary Caregiver**:

Primary Caregiver Signature: _____ Date: _____