

**FSU SUMMER DAY CAMP**  
**STAFF MEDICAL INFORMATION FORM**  
**(MEDICAL FORM MUST BE COMPLETED TO WORK CAMP)**

Date: \_\_\_\_\_

Staffer's name: \_\_\_\_\_ Staffer's Date of Birth: \_\_\_\_\_

Staffer's address: \_\_\_\_\_

Guardian's name: \_\_\_\_\_ Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

If unable to contact above parent/guardian, please notify:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

or

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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The examination of \_\_\_\_\_ was within normal limits with the following exceptions:

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Immunizations have been completed:  Yes  No

Date of most recent tetanus booster: \_\_\_\_\_

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Allergies: \_\_\_\_\_

Medications/Name/Dose/When taken: \_\_\_\_\_

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Other Medical Concerns: \_\_\_\_\_

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Limitations to Activity: \_\_\_\_\_

**Primary Health Care Provider Information**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Health Insurance Company: \_\_\_\_\_

Please return to: Fairmont State University – Falcon Center  
Kevin Philyaw  
1201 Locust Ave  
Fairmont, WV 26554