

MEDICAL FORM
TECUMSEH LODGE OLDER ADULT CAMP

IMPORTANT INFORMATION

-Tecumseh Lodge is a two-story building without elevator. All campers must be able to move unassisted up and down stairs and to walk without the aid of a walker.

-All campers must be able to care for his/her own physical needs.

-Tecumseh Lodge cannot accommodate any special dietary needs.

-This form must be returned in order to attend camp.

-Copies of insurance cards must be submitted with this form.

*Please return forms via **fax or mail only** to:*

The Salvation Army Older Adult Camp

445 Mechlin Corner Rd

Pittstown, NJ 08867

Attn: Major Jessica DeMichael

Fax: 908-588-2100

APPLICANT: _____ M _____ F _____

ADDRESS: _____
(NUMBER AND STREET) (CITY) (ST) (ZIP)

APPLICANT PHONE# _____ EMERGENCY PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____
(Please print)

ADDRESS: _____
(CITY) (ST) (ZIP)

HEALTH INSURANCE COVERAGE – Please attach a copy of your insurance card to this application.

PROVIDER _____ POLICY NUMBER _____

PROVIDER #2 _____ POLICY NUMBER _____

TO BE COMPLETED BY PHYSICIAN:

Is applicant currently under doctor's care? _____ Yes _____ No

Can applicant dispense and take medications independently? _____ Yes _____ No

Is applicant able to use stairs and walk unassisted? _____ Yes _____ No

Is applicant able to care for his/her own physical needs? _____ Yes _____ No

Date of last immunization: tetanus _____ shingles _____ pneumococcal _____ flu _____ Covid-19 _____

Please CHECK any conditions that apply to applicant:

___ asthma ___ poor circulation ___ diabetes (if yes, Insulin used?) ___yes ___no

___ heart disease ___ high blood pressure (if yes, blood pressure today: _____)

___ other? Please explain: _____

CURRENT MEDICATIONS: (use additional sheet as needed)

1. _____
2. _____
3. _____

MEDICATIONS APPLICANT IS ALLERGIC TO:

1. _____
2. _____
3. _____

MEDICAL DEVICES USED:

1. _____
2. _____

CURRENT OVER-THE-COUNTER MEDICINES:

1. _____
2. _____

Any medical restrictions or limitations? _____

I do ___ do not ___ recommend the applicant for participation at Tecumseh Lodge Older Adult Camp.

DOCTOR'S SIGNATURE

DATE

STAMP