

**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 Angelica Rosamilia

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