Camp Barakel Adult Staff Health Form

Please fill in all information requested – additional remarks are welcome. All information will be held in strictest confidence.

Date	Worker's Name (Last)	First	Middle

In case of emergency, contact: (Full Name)	Telephone (Home)	Telephone (Work)	Telephone (cellular)

Should work be restricted because of any physical problem or illness? ☐ Yes ☐ No *(if "Yes," please explain degree of restriction on reverse side)*

Do you currently have communicable Tuberculosis? ☐ Yes ☐ No

Health History (are you having any of the following problems?) :	YES	NO		YES	NO
1 – Asthma			5 – Fainting		
2 – Allergies (food, drugs)			6 – Heart trouble		
3 – Convulsions or seizures			7 – Bee sting allergy? …Is bee sting kit needed?		
4 – Diabetes					

(please use the reverse side to explain any answers checked "yes")

Health Insurance for all Workers…

As part of our desire to be good stewards of the funds entrusted to us – and to keep our costs as reasonable as possible – Camp Barakel has implemented the following health and accident insurance plan:

When one of our workers **is covered** by their family health insurance policy for an accident or illness occurring while at Barakel, the benefits of that policy apply.

When a worker **is not covered** by any other health insurance policy while at Barakel, the camp will provide limited coverage in case of accident or illness. This plan provides emergency medical services to treat an injury or illness occurring at Barakel up to a maximum amount of $2,000. *NOTE: This secondary plan is not a supplemental plan to your own policy. It is not intended to pick up deductibles or co-pays from your own coverage.*

Addendum for Kitchen Workers only…

Michigan Food Law of 2000 has determined that with appropriate steps the transmission of foodborne illness can be greatly lessened. Please read this information, carefully answering all questions. Your understanding of these symptoms as well as your voluntary exemption from work when the following symptoms are present are required by law and will enhance the health safety of those we serve here at Camp Barakel. All information will be held in strictest confidence.

- Have you ever been diagnosed as being ill with typhoid fever (Salmonella Typhi), shigellosis (Shigella spp.) Escherichia coli 0157:H7 infection (E. coli 0157:H7), or hepatitis A (hepatitis A virus)? ☐ Yes ☐ No If yes, give date of diagnosis:_____
- Have you ever been exposed to, or suspected of causing, a confirmed outbreak of any of these illnesses? ☐ Yes ☐ No
- Do you live in the same household as a person diagnosed with any of these illnesses? ☐ Yes ☐ No
- Do you have a household member attending/working in a setting where there is a confirmed outbreak of any of these illnesses? ☐ Yes ☐ No

"While serving at Barakel, I agree to report the following to the person in charge:

Present symptoms and pustular lesions: 1) Diarrhea 2) Fever 3) Vomiting 4) Jaundice 5) Sore throat w/ fever 6) Lesions containing pus on the hand, wrist, or any exposed body part (such as boils and infected wounds)

I have read and understand the requirements concerning my responsibilities under the newest food code as stated above. I agree to comply with:

1) reporting requirements specified above involving symptoms, diagnoses and high-risk conditions;
2) work restrictions or exclusions that may be imposed upon me; and
3) good hygienic practices (especially thorough hand washing).

I understand that it is my lawful obligation to comply with these guidelines of the food code."

Worker's signature ✕_____ Date_____

11/06