

URJ Heller High School in Israel Medical Form—for Physicians only

Print this form for your physician to complete. Please upload to your CamplnTouch account.

Semester: _____ Birthdate: _____

Patient's Name: Last _____ First _____ Middle _____

MEDICAL EXAMINATION—To be completed and signed by a licensed physician.

This examination must be completed by an approved Medical Professional within twelve (12) months of arrival in Israel. Examination for some other purpose within this period is acceptable. Examination helps to determine fitness to engage in strenuous activities.

Code: **S = Satisfactory**

X = Not Satisfactory (explain)

O = Not Examined

*If applicable

Hgt. _____ Wt. _____ B.P. _____ Hgb. Test* _____ Urinalysis* _____ Eyes _____ Glasses _____ Contacts _____

Ears _____ Nose _____ Throat _____ Teeth _____ Heart _____ Lung _____

Extremities _____ Posture (spine) _____ Skin _____ Hernia _____

For Female—Has this person menstruated? _____ If not, has she been told about it? _____ If so, is her menstrual history normal? _____

Known Allergies _____

General Appraisal _____

Special Considerations _____

RECOMMENDATIONS AND RESTRICTIONS (If necessary, please explain "yes" answers in space below)

	YES	NO
Special medicine or injections	<input type="checkbox"/>	<input type="checkbox"/>
Medications discontinued prior to summer	<input type="checkbox"/>	<input type="checkbox"/>
Congenital malformation	<input type="checkbox"/>	<input type="checkbox"/>
Restrictions regarding swimming, diving, or strenuous activity	<input type="checkbox"/>	<input type="checkbox"/>
Restrictions regarding exposure to the sun or extreme heat	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIORAL AND EMOTIONAL ISSUES (If necessary, please explain "yes" answers in space below)

History of emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties in relationships with parents, authority figures, peers	<input type="checkbox"/>	<input type="checkbox"/>
Behavior disorders	<input type="checkbox"/>	<input type="checkbox"/>
Emotional symptoms: mood swings, depression, sleep disorders, anxiety, fear or guilt	<input type="checkbox"/>	<input type="checkbox"/>
Currently in treatment by a psychiatrist or behavioral health professional	<input type="checkbox"/>	<input type="checkbox"/>
Treated by psychiatrist or behavioral health professional any time in last 4 years	<input type="checkbox"/>	<input type="checkbox"/>
Participant in psychological therapy in short or long term	<input type="checkbox"/>	<input type="checkbox"/>
History of drug or alcohol related problems	<input type="checkbox"/>	<input type="checkbox"/>
Cigarette smoker	<input type="checkbox"/>	<input type="checkbox"/>

I have examined this individual and have reviewed his/her health history. It is my opinion the he/she is physically able to engage in school activities, except as noted above.
I have been this applicants health care provider for _____ years.

Examining Physician/NP/PA _____ Print _____ Date _____

Address _____ City, State/Province, Zip/Postal Code _____ Telephone _____

Stamp here for Medical Office Authorization:

Student's Name: Last _____ First _____

URJ Health History and Examination Form—for Physicians only

The URJ Heller High School in Israel considers safety and public health as matters of utmost importance. The vaccination of all members of the school community ranks as a key component in maintaining a safe environment and in decreasing the risk of transmission of contagious illness. Accordingly, the URJ Heller High School in Israel requires that any member of our school community in residence receive up-to-date, age-appropriate immunizations.

I have read and understand the URJ Heller High School policy on vaccine requirements.

IMMUNIZATION HISTORY

Immunization	Dose 1 Day/Month/Year	Dose 2 Day/Month/Year	Dose 3 Day/Month/Year	Dose 4 Day/Month/Year	Dose 5 Day/Month/Year	Most Recent Dose Day/Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (Tdap)						
Tetanus booster (Td) or (Tdap)						
Mumps, measles, rubella (MMR))						
Polio (IPV)						
Haemophilus influenza type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date:					
Meningococcal meningitis (MCV4)						
Rotavirus (Recommended, not required)						
Gardasil (Recommended, not required)						
H1N1 (Strongly recommended, not required)						

Semester: _____	Student's Name: _____
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IMPORTANT – THESE BOXES MUST BE COMPLETE FOR ATTENDANCE

PARENT/GUARDIAN AUTHORIZATIONS: This health history is correct and complete as far as I know. The person herein described has permission to engage in all URJHH activities except as noted. I hereby give permission to URJHH to provide routine health care, administer prescribed and over the counter medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/health care provider selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Disclosure of Medical Information

I understand that the URJHH is not defined as an entity subject to HIPAA and therefore is not covered by HIPAA regulations concerning patient medical records. I also understand and agree that situations may necessitate that my child's medical information be shared with the Principal, administrative staff, Counselors, and teaching faculty. I give permission to any Health Care Provider, such as a hospital or physician to share my child's medical information with the Camp doctors and nurses and other camp medical staff, for treatment purposes.

Signature of Parent/Guardian or Adult Staff Member _____ Printed name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in URJHH activities.

Signature of Person attending URJHH _____ Printed name _____ Date _____



Policy Statement on Vaccine Status of Campers, Staff, Faculty, and their families attending URJ Camps and Israel programs

Background:

Each year, the American Academy of Pediatrics publishes a “Recommended Childhood and Adolescent Immunization Schedule.” Practicing pediatricians across North America consider this the standard of care, and indeed the context in which they practice. In addition, the Centers for Disease Control (CDC) has established vaccine standards for adults.

Given the overriding Jewish value that puts a premium on maintaining health, including taking preventive measures, along with the clear public health based need to protect the camp community as a whole, **we are requiring that all children, staff, faculty, and their families planning to attend our URJ camps and Israel programs must be immunized in the manner below.**

Case Statement:

Parents send their children to camp and assume that their children will enjoy themselves, have positive social interactions, learn from the rich Jewish environment and be safe and healthy. Safety and public health are priorities for all of the URJ camps and Israel programs. The vaccination of all members of the community is essential in order to maintain a safe environment and decrease the risk of transmission of preventable illnesses. The establishment of a safe environment must therefore include the requirement that all members of URJ Camp and Israel Program communities be adequately immunized against all of the preventable diseases as recommended by the American Academy of Pediatrics (AAP) and the Advisory Committee on Immunization Practices. While parents may choose to defer the vaccination of their children, for the URJ this is not an issue of individual rights and choice, but an issue of public health and policy. The routine vaccination of all children, staff and faculty is an important public health matter especially in the confined environment of a residential summer camp or Israel program, with round-the-clock communal living and with some vulnerable populations present.

Policy Statement:

All those attending the URJ camps and Israel programs are required to have had all age-appropriate vaccines recommended American Academy of Pediatrics (AAP), with the exceptions noted.

The AAP list of vaccines that are required for URJ campers, staff and faculty:

- DTaP, DT, Td, or Tdap (Diphtheria, Tetanus and Pertusis)
- IPV (Poliovirus)
- Hib (Haemophilus influenzae type b bacteria)
- Hepatitis B
- MMR (Measles, Mumps, Rubella)
- Varicella vaccine (Varivax)
- Menactra (Meningococcal disease/Meningitis)—required for those age 11 and older.

STRONGLY RECOMMENDED VACCINES:

- Our camps strongly recommend the administration of the Hepatitis A vaccine according to the standard AAP vaccine schedule. Please consult with your doctor about the recommended AAP schedule for the Hepatitis A vaccine.
- Due to recent outbreaks of Pertussis and to the possibility that immunity may deteriorate over time, we are strongly recommending the Tdap booster for those 11 and over who need a Tetanus containing booster and who have not already had one Tdap.
- Prevnar and Rotavirus vaccines—recommended but not required for those age appropriate
- Gardasil (Human Papillomavirus/HPV)—recommended but not required for young men & women

The URJ makes the following exceptions:

- **Menactra:** In Canada, the National Advisory Committee on Immunization has not yet endorsed general use of Menactra; therefore, Menactra is not covered by the provincial health plans. Accordingly, while campers, faculty, and staff attending Camp George are **STRONGLY ADVISED** to receive Menactra, at this time they will not be mandated to receive it.

Regarding the children of faculty and staff: Children of faculty and staff are expected to have had all age-appropriate recommended AAP vaccines, with the exceptions noted immediately above.

Regarding faculty and staff, including international staff: following the same public health rationale, we are requiring that all faculty and staff demonstrate immunity to measles, mumps, rubella, chickenpox, diphtheria, and tetanus. Immunity against measles, mumps, and rubella may be acquired with one dose of MMR at age 18 or older. As an alternative, protective titers to these illnesses (a laboratory test that measures the presence and amount of antibodies in blood) prove immunity. Any adult born before 1957 is assumed to have acquired immunity to measles. Immunity to varicella is demonstrated by: history of chickenpox infection; receipt of two doses of varicella (chicken pox) vaccine; or demonstration of protective immune titers. Immunity against tetanus and diphtheria are demonstrated by receipt of Td or Tdap vaccine within the prior 10 years. We require Hepatitis A vaccine or proof of immunity. Finally, we require Menactra (vaccine against meningococcal disease), with the exception listed above.

Policy Exceptions: We recognize that individuals, who have had a documented allergy or severe adverse reaction to a particular vaccine, will not be able to receive further doses of that individual vaccine. In addition, individuals with medical conditions such as congenital immunodeficiency or HIV, malignancies receiving chemotherapy, transplant patients, and persons receiving immunosuppressive drugs and chronic steroids, will not be able to receive certain vaccines. **In these instances, a physician documenting the problem and exempting the child from further doses of that specific vaccine must be furnished to the Camp or Israel Program.** In addition, if an individual or his/her family believes that a specific situation poses extenuating circumstances, and furnishes a letter from a medical doctor (MD) substantiating this contention, the camping system will review such situations on a case by case basis.