

PHYSICAL EXAMINATION REPORT BY PHYSICIAN

In compliance with State Regulations and ACA standards, a full physical exam must be conducted within 18 months prior to the start of camp. The signature of a licensed medical provider (doctor) with examination report, insurance and medical information, and immunization records must be completed before being employed at camp. **Doctor may fill out this form or a separate physician's report can be attached. Participants Name: _____

Pertinent Medical/Psychological History: _____

Allergies/Dietary Restrictions: _____

Height: _____ Weight: _____ Menarche (circle one): yes/no/not applicable

Medications to be administered at camp (including dose and interval): _____

The participant will be engaging in a physically active program that includes hiking, walking, swimming, and various outdoor activities. Are there any restrictions on activities? (circle one) yes/no

Activity Restrictions (be specific): _____

The following immunizations are required by the MA Department of Public Health (Please attach record or documentation of any exemptions)

Staff and Volunteers 18 years of age and older	
MMR	2 doses, anyone born in or after 1957. 1 dose, anyone born before 1957 outside the U.S. Anyone born in the U.S. before 1957 is considered immune. Laboratory evidence of immunity to measles, mumps and rubella is acceptable
Varicella	2 doses, anyone born in or after 1980 in the U.S., and anyone born outside the U.S. Anyone born before 1980 in the U.S. is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is acceptable
Tdap	1 dose; and history of DTaP primary series or age-appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch- up schedule; Td or Tdap should be given if it has been ≥ 10 years since Tdap
Polio	4 doses, or 3 doses if the 3rd dose is given on or after the 4th birthday
Hepatitis B	3 doses (or 2 doses of Heplisav-B) for staff whose responsibilities include first aid; laboratory evidence of immunity is acceptable

Date(s) Administered:

MMR (Measles, Mumps, Rubella) _____ Booster: _____ (Evidence of immunity is acceptable)

Varicella vaccine or disease (N/A if born before 1980) _____ Booster: _____ (check if there is evidence of immunity or has had chickenpox) _____

Tdap (Tetanus, diphtheria, pertussis) _____

Hepatitis B (for staff whose responsibilities include First Aid & WWT) _____ Booster: _____ Booster: _____ (Evidence of immunity is acceptable)

COVID-19: BCCYMCA strongly encourages participants to be up to date on COVID19 vaccines. Please provide documentation of COVID-19 vaccine and booster records.

BCCYMCA reserves the right to ask employees who are contagious to stay home to maintain the health of our community.

TB Risk Assessment (**back of page**) completed? (circle one) Yes/No

Most Recent Physical Exam Date: _____

This individual may participate in all physical and athletic activities without restriction unless specifically outlined above. Further, to the best of my knowledge. This individual is not suffering from any contagious disease, including tuberculosis, as of the date of this physical exam.

Signature: _____ MD Date signed: _____

Phone: _____ Address _____ Email: _____

Massachusetts Tuberculosis Risk Assessment

- Use this tool to identify asymptomatic **adults and children** for testing for latent TB infection (LTBI).
- Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.
- **For TB symptoms or abnormal chest X-ray consistent with active TB disease → Evaluate for active TB disease**

Evaluate for active TB disease with a chest X-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing (NAAT). A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

Check appropriate risk factor boxes below.

Latent TB infection testing is recommended if any of the 3 boxes below is checked.

If latent TB infection test result is positive and active TB disease is ruled out, treatment of latent TB infection is recommended.

REPORT Latent TB Infection and Active or Suspected Active TB Disease

Go to www.mass.gov/tuberculosis for reporting forms

Born or lived in a country with an elevated TB rate

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see User Guide for list).
- Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST) for foreign-born persons ≥ 2 years old. The TST is an acceptable test for all ages when administered and read correctly.

Immunosuppression, current or planned

HIV infection, organ transplant recipient; treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication

Close contact to someone sick with infectious TB disease *since last TB Risk Assessment*

No TB risk factors. TB test not indicated; no TB test done.

Provider: _____

Patient Name: _____

Assessment Date: _____

Date of Birth: _____

See the **Massachusetts Tuberculosis Risk Assessment User Guide** for more information about using this tool.