

# UW-Madison CampHealth

## Health Update Form

**Parent/Guardian:** This is a supplemental form to capture any changes since the completion of the CampDoc Health Profile. Please complete, sign, and send this form with your child to the CIMSS Student Workshop. This form should be completed no earlier than 48 hours prior to your child's arrival to the University of Wisconsin.

**Participant:** please give this completed, signed form to CampHealth at the time of Check-In.

**Participant's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Program:** \_\_\_\_\_

1. Are there any changes in your child's health since completing the CampDoc profile or in the last 14 days?  
☐ No      ☐ Yes
2. Has your child or anyone in your family **been sick or exposed to** any infections in the last 14 days?  
 (Example: Covid-19, strep throat, measles, influenza)  
☐ No      ☐ Yes
3. Does your child currently have any rashes or open sores?  
☐ No      ☐ Yes
4. Are there any changes in your child's medications since completing the CampDoc profile?  
☐ No      ☐ Yes (If yes, please list changes and staff will update eMAR and sign).

Medication	Amount	How often	Staff Signature (CampDoc updated)

5. Does your child have any activity limits or recent injury?  
☐ No      ☐ Yes
6. Is there anything else that you feel may be important for us to know about your child's recent physical or mental health?  
☐ No      ☐ Yes

If Yes, describe here: \_\_\_\_\_

**Information  
Provided by:**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CampHealth Staff Signature**

\_\_\_\_\_  
**Date**

**Camp Staff use:** Health Staff (circle one): Checked-in to Camp **OR** Sent to Nurse for: \_\_\_\_\_