

# MEDICAL RECOMMENDATION for CAMP EMPLOYEE

Return this completed form to:

Attn: Camp Director  
3483 Springhill Ave.  
Mobile, AL 36608

1-800-239-6636

These medications are stocked in our camp's Health Center and will be used to manage illness and/or injury of this employee.

**CROSS OUT** those that are contraindicated for this person.

[Insert list of medications stocked in the Health Center such as those that follow]

Acetaminophen  
Aloe  
Bismuth Chew Tab  
Calamine Lotion  
Chlorpheniramine maleate  
Diphenhydramine  
Epinephrine  
Guaifenesin DM  
Hydrocortisone Cream  
Ibuprofen  
Kaopectate  
Cough Drops  
Ivy Dry  
Nix  
Tolnaftate  
Tropical Antibiotic Cream  
Pseudoephedrine

## Authorization

By signing this form, you are telling us that, in your opinion, this person is both physically and emotionally ready to participate as an employee at our camp, except as noted in your comments.

Your  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## To Physicians and their Staff:

This person is an employee at Girl Scouts of Southern Alabama. The job includes physical activity and requires the individual to be outside in a variety of weather conditions. Our healthcare staff and the employee's supervisor use the information on this form to guide their interface with the employee. The employee can provide their job's description and list of essential functions to you. If you question the person's suitability for their job, please talk with him or her about your concerns and develop a plan to address that concern. You may also speak to one of our camp professionals by calling 1-800-239-6636. Thank you!

Name of  
Employee: \_\_\_\_\_

Date of  
Birth: \_\_\_\_\_

1. Does this person have a chronic health problem(s) that may prevent them from fulfilling the essential functions of their job? ☒ No

☐ Asthma ☒ Allergies (Seasonal) ☐ Diabetes

☒ Other JBS / GIAD / depression / ADHD

2. To what is this person allergic? ☐ No Allergies

a. Bug bites - local site reaction ☐ Causes anaphylaxis

b. Nickel - Rash ☐ Causes anaphylaxis

c. \_\_\_\_\_ ☐ Causes anaphylaxis

Note: Our expectation is that the employee will have an EpiPen® and know how to use it if anaphylaxis is a concern.

3. Does this individual take any medication(s) that the use of (or non-use) could impair his/her ability to perform the essential functions of his/her job? If so, please list below: ☒ No medication that impacts job function.

a. \_\_\_\_\_

b. \_\_\_\_\_

4. Describe the treatment(s) needed by this person to maintain their ability to complete the essential functions of their job.

☒ None needed.

☐ Treatment as follows: \_\_\_\_\_

5. Describe any significant findings about this person and/or describe any limitations that may impact the employee's job performance.

☒ No significant findings.

☐ Findings as follows: \_\_\_\_\_

6. What else should the employer know about this employee's health insofar as its impact upon job performance?

☒ No other information needed.

☐ Information as follows: \_\_\_\_\_