



## Camp Dogwood for the Blind and Visually Impaired

### Medical History Form

**To be completed by physician or the physician's agent after April 1st, 2024**

Camp Dogwood serves as a recreational and vacation facility designed for individuals with blindness or visual impairment. Campers can engage in a variety of activities, including boating, fishing, swimming, Putt-Putt golf, crafts, nature walks, bowling, shopping, and more. It is essential for campers to be capable of managing their personal care and demonstrating life skills such as eating, bathing, dressing, and toileting. Alternatively, they can bring a caregiver to assist them with these needs.

Campers are required to walk from their dormitories to the dining hall and/or medication room, covering distances of up to 600 feet with a 12% grade in one direction. Please note that special diets are not available at the camp.

This information should not be completed until after April 1st, 2024. In the event that a camper has been hospitalized within 30 days prior to their camp arrival, a physician's release form must be provided.

*Camp Dogwood's counselor to camper ratio is 1 to 6. There is one on-site nurse per 88 campers. The nurse is available to assist with routine emergencies. Recurring dressing changes are not included.*

**Please note that CAMP DOGWOOD IS NOT A NURSING OR CARE FACILITY**

Patient's Name				DOB:			
<b>Known Drug and/or food allergies</b>							
<b>CARDIOVASCULAR HISTORY</b>				<b>PULMINARY HISTROY</b>			
Bleeding Disorder	Yes	No	Date Dx'd	Asthma	Yes	No	
CHF	Yes	No		COPD	Yes	no	
Heart Attack	Yes	No		Last on	Emphysema	Yes	No
Hypertension	Yes	No		Avg BP	Oxygen dependent	Yes	No
Pacemaker	Yes	No					
<b>COMMUNICABLE DISEASE HISTORY</b>				<b>RENAL DISEASE HISTORY</b>			
Hepatitis A, B, C	Yes	No	Avg BI Sugar	Dialysis	Yes	No	
If yes, specify type A, B, or C				Kidney Disease	Yes	No	
HIV	Yes	No					
<b>DIABETES HISTORY</b>				<b>GENERAL HEALTH ISSUES</b>			
Stable	Yes	No		Hearing problems	Yes	No	
Hypoglycemia	Yes	No		Hearing aids	Yes	No	
Insulin dependent	Yes	No		Mobility Issues	Yes	No	
<b>NEUROLOGICAL HISTORY</b>				<b>Devices used</b>			
Seizures							
Date of last Seizure	Yes	No		Sleepwalk	Yes	No	
Alzheimer's/Dementia	Yes	No		Uses CPAP machine	Yes	No	
				<b>Vision: <input type="checkbox"/> Visually Impaired (20/70) <input type="checkbox"/> Legally Blind <input checked="" type="checkbox"/></b>			
				<b>*Please see visual eligibility below*</b>			
				<b>*****Campers must bring all mobility devices, CPAP, and all oxygen equipment*****</b>			
Anxiety/Panic Disorder	Yes	No		<b>Is Patient a Smoker?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
CVA/TIA	Yes	No					
Developmental Disability	Yes	No					
Dizziness/Fainting	Yes	No					
Mental Illness	Yes	No					

Parkinson's Disease	Yes	No	
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**~ IMPORTANT: MEDICATIONS**  
*Please attach a legible list of **Current** medications with complete instructions*

Additional Recommendations from physician: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any reason camper should not swim in lake Yes  No

If yes, explain: \_\_\_\_\_

Camper may participate in high cardio activities (i.e., bowling, kayaking) Yes  No

This patient's medical status is stable and controlled. In my opinion this patient is able to attend the facility described above	Yes	No
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This patient is their own legal guardian, and is able to make their own medical care decisions.	Yes	No
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If "no" list the Legal Guardian's name: \_\_\_\_\_

Date of last Tetanus shot		
Date of last medical exam		
Date of Covid Vaccine		

**Required List for Recommended/Additional Medical Information**

If the patient is insulin dependent, there needs to be a sliding scale or dosage order, including medication list provided by the family physician and/or endocrinologist. Please include sliding scale and/or dosage order on the required medication list.

**Go Home Policy** will be enforced if medical staff deem any patient medically unstable. This includes but is not limited to:

- o Extreme spike in high and low blood glucose levels
- o Extreme blood pressure fluctuations
- o Fall Risks
- o Absence of medication being taken. Campers will have 24-hours to attain medication or they will be sent home.
- o Hospitalization within 1-month prior to the camper's arrival without medical clearance from camp's medical staff and primary physician
- o Patient must be self-sufficient, able to be deemed medically cleared to participate in camp and camp activities. Camp's medical staff is aware that campers have accidents or have an off-day, but repetitive health dangers may lead to a camper being considered medically unsuitable to continue their stay at Camp Dogwood.

**VISUAL ELIGIBILITY REQUIREMENTS**

A camper must be legally blind or have a "severe visual impairment" (a severe visual impairment is defined as 20/70 or more in the best eye, with correction), and possess life skills that demonstrate full independence. Full independence includes: eating, dressing, and personal hygiene. Additionally, a camper's primary disability must be vision related.

***Which visual acuity is considered legally blind?***

Visual acuity that is 20/200 or greater is considered legally blind. Legal blindness applies to individuals who are unable to attain 20/200 visual acuity, despite having corrective lenses.

***Which visual acuity is considered visually impaired?***

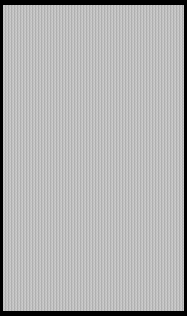
20/70 to 20/160 is considered to be a "moderate" visual impairment, or moderate low-vision.  
20/200 or worse, is considered to be a "severe" visual impairment, or severe low-vision.  
20/500 to 20/1000, this is considered to be a "profound" visual impairment or profound low-vision.

***Having a valid NC driver license***

- 20/40 without corrective lenses
- 20/50 with corrective lenses
- 20/100 with corrected lenses in both eyes
- 20/70 with corrected lenses in one eye

Physician's Signature		Date	
Practice Name:			
Address:			
Phone:		Fax:	

**Best email address if fax doesn't work:**

Mail:	Camp Dogwood for the Blind & Visually Impaired Attn: Camp Office PO Box 39 Sherrill's Ford, NC 28673	
Fax:	828-478-4419	
E-Mail	<a href="mailto:tammy@nclf.org">tammy@nclf.org</a>	
Please feel free to contact us with questions: 828-478-2135 Ext 229		



