

# Order of Malta International Holiday Camp 2022

July 30- August 6, 2022 | Rome, Italy



## Federal Association Guest Application for IHC 2022 Submission Deadline is March 24, 2022

Submission Instructions: Please email this completed application to both [christopher.f.murphy@gmail.com](mailto:christopher.f.murphy@gmail.com) and [FederalAuxiliary@gmail.com](mailto:FederalAuxiliary@gmail.com)  
Please direct any questions to Chris Murphy at [christopher.f.murphy@gmail.com](mailto:christopher.f.murphy@gmail.com)

Applications must be received by March 24, 2022.

### PERSONAL INFORMATION

GuestName: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Care Physician Contact Information:

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of last Physical: \_\_\_\_\_

I require one-on-one support and will bring an Aid if selected: Yes \_\_\_\_ No \_\_\_\_

Name of Aid: \_\_\_\_\_  
Last First MI

Aid Agency or relationship to guest: \_\_\_\_\_

Aid Contact Information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### HEALTH INFORMATION

1) Please list all allergies (such as skin, food, olfactory, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Please list any health conditions, which may require EMERGENCY ACTION, such as Seizures, Asthma, Heart problems, Diabetes, Insect sting allergies, Hemophilia, Heat exhaustion, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Please check which joints have limited or no range of motion.

Neck or Spine: \_\_\_\_\_ Hips \_\_\_\_\_ Left \_\_\_\_\_ Right

Shoulders \_\_\_\_\_ Left \_\_\_\_\_ Right Knees \_\_\_\_\_ Left \_\_\_\_\_ Right

Elbows \_\_\_\_\_ Left \_\_\_\_\_ Right Ankles \_\_\_\_\_ Left \_\_\_\_\_ Right

Wrists \_\_\_\_\_ Left \_\_\_\_\_ Right Toes \_\_\_\_\_ Left \_\_\_\_\_ Right

Fingers \_\_\_\_\_ Left \_\_\_\_\_ Right

Which body parts CANNOT be moved, and why?

---

---

---

4) Please note any sense impairments which the team should be aware of when interacting (ex, Difficulty hearing in one or both ears, Vision, etc.)

---

---

5) Please list all necessary assistive devices such as glasses, hearing aids, communication devices, orthotic device (i.e. braces), crutches, or wheelchair.

---

---

---

## ACTIVITY INFORMATION

1) Check any activities that are contraindicated (not allowed).

Kneeling	___	Massage with Oils	_____
Sitting on Floor	___	Massage with Vibration	_____
Moving/Flickering Lights	___	Tactile Stimulation (feathers, brushing, etc)	_____
Stretching Body Parts	___	High-pitched Sounds	_____
Climbing	___	Swimming	_____
Heights	___	Being around animals (Dogs, Cats, Farm animals, Zoos)	_____

2) Please describe the precautions to be taken before participating in an outdoor activity:

---

---

---

3) Please describe what, if any assistance the guest may require with the following activities:

Activity	Self- Sufficient	Needs Assistance (List assistance required)
Eating/ Drinking		
Bathing		
Toilet		
Grooming (Shaving, brushing, Teeth, etc)		
Dressing		
Stairs		

### COMMUNICATION INFORMATION

1) Check all forms of communication that apply:

Verbal \_\_\_\_\_ Body gestures \_\_\_\_\_ Facial Gestures \_\_\_\_\_

Other: \_\_\_\_\_

2) Please describe how the guest expresses him/herself in each situation:

Situation	Response
<b>Pain/Discomfort</b>	
<b>Anxiety</b>	
<b>Over- Stimulation</b>	
<b>Happiness</b>	
<b>Saying "Yes" to a question</b>	
<b>Saying "No" to a question</b>	



## NUTRITION INFORMATION

- 1) Please list all food restrictions to be considered during the camp (I.e. gluten- free, low-fat, etc.)

---

---

---

- 2) If accidentally consumed, what is the anticipated result and what if any treatment or action is necessary? (ex. Medication, Rest, Epi-pen, etc.)

---

---

- 3) Is guest permitted to consume alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(There will be alcohol present at some camp activities, but no guest or volunteer will be required, pressured, or encouraged to consume alcohol.)

COVID 19- Due to the pandemic, which is unfortunately still impacting our world, the camp is paying close attention to safety protocols and watching the evolving situation. While we are planning to proceed with camp, the safety of the participants is our primary concern and therefore the ability to hold Camp is being constantly re-evaluated. If circumstances permit the Camp to proceed, we anticipate that safety precautions will be required, and continued vigilance will need to be maintained.

1. Has the guest had COVID-19? If so, please describe when (month and year,) and provide any relevant details. Please provide date of most recent negative test, if available. \_\_\_\_\_

---

---

2. Please list any comorbidities or pre-existing conditions which might make the guest more susceptible to COVID-19 or to a more severe impact from the COVID-19 virus. \_\_\_\_\_

---

---

---

3. Has the guest received a COVID-19 vaccination? If so, which vaccination, when was it received (if one that requires two doses, have both been administered)? Has the guest received a booster? If so, which booster and when was it received? \_\_\_\_\_

\_\_\_\_\_

4. If guest has not received the COVID-19 vaccination, do they intend to get vaccinated? Does the guest have a scheduled date for the vaccine? (It is anticipated that for the protection of all, participants will only be permitted to join camp this year with proof of vaccination.) \_\_\_\_\_

\_\_\_\_\_

5. Does the guest have any difficulties or apprehensions about using current COVID-19 safety methods such as wearing protective masks, washing hands frequently, maintaining safe distance from others, and having their temperature taken? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

6. Does the guest have the ability to recognize and communicate if they are not feeling well or are suffering from potential symptoms of COVID-19? (fever, difficulty breathing, fatigue, cough, aches, headache, **loss of taste or smell**, sore throat, congestion, nausea). \_\_\_\_\_

\_\_\_\_\_

7. Is the guest able to undergo testing for Covid 19 (PCR test, Antigen test)

\_\_\_\_\_



ADDITIONAL INFORMATION:

---

---

---

---

---

To my knowledge, all information in this application is accurate and up-to-date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship/ Authority

\_\_\_\_\_  
Date

Please email this completed application to [christopher.f.murphy@gmail.com](mailto:christopher.f.murphy@gmail.com)  
and [FederalAuxiliary@gmail.com](mailto:FederalAuxiliary@gmail.com) by March 24, 2022