

Health History Form

PLEASE PRINT

Name: _____

Birthdate: _____ Age: _____ Sex: _____

Parent/Guardian/Spouse _____

Home Address: _____

Business Address: _____

Phone (day): _____ (eve): _____

Emergency Contact: _____

Address: _____

Phone (day): _____ (eve): _____

Health History:

(Check. Give approximate date)

- ____ Frequent Ear Infections
- ____ Heart Defect/Disease
- ____ Convulsions
- ____ Diabetes
- ____ Bleeding/Clotting Disorders
- ____ Hypertension
- ____ Mononucleosis
- ____ Psychiatric Treatment

Allergies: **(dates not needed)**

- ____ Hay Fever
- ____ Insect Stings
- ____ Poison Ivy, etc.
- ____ Penicillin
- ____ Other Drugs
- ____ Asthma
- ____ Other(specify)

Diseases:

- ____ Chicken Pox
- ____ Measles
- ____ German Measles
- ____ Mumps

Immunization History:

(Indicate month and year of basic immunization and booster)

IMMUNIZATION: Month/Year of: BASIC BOOSTER

- | | | |
|-------------------------------------|-------|-------|
| DPT | _____ | _____ |
| TD | _____ | _____ |
| Tetanus | _____ | _____ |
| Oral Polio (Sabin) TOPV | _____ | _____ |
| Injectable Polio (Salk) | _____ | _____ |
| Measles (hard, red, Rubeola) | _____ | _____ |
| Mumps | _____ | _____ |
| Rubella (German,3 -day measles) | _____ | _____ |
| Haemophilus influenza b | _____ | _____ |
| Tuberculin test given (most recent) | _____ | _____ |

Operations or serious injuries (dates):

Disability or chronic/recurring illness:

Activities encouraged/limited by doctor:

Dietary modifications:

Current medication:

Dentist Phone: _____

Physician Phone: _____

Do you have medical insurance? Y / N

Carrier: _____

Policy/Group #: _____

Special Consideration: _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. Authorization for treatment: In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the leader to secure and administer treatment, including hospitalization, for my child as named above.

Any photographs in which my Son (or myself) appears may be used for promotion of the Boy Scout program and are free of all claims.

Parent/guardian or adult signature _____ Date _____