

ADULT

HEALTH HISTORY FORM

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(THIS IS THE ONLY FORM THAT WILL BE ACCEPTED FOR DAY CAMP, CUB/PARENT WEEKENDS AND HOLIDAY WEEKENDS)

A NEW HEALTH HISTORY MUST BE FILLED OUT ANNUALLY

PACK / TROOP (circle one) UNIT # _____ CAMP NAME & DATE: _____

IDENTIFICATION

NAME: _____ Date of Birth _____ Age _____ Sex _____

Home Address: _____ City _____ State _____ Zip _____

Name of Spouse or Relative:

_____ Home Telephone (____) _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

Work Phone (____) _____ Mobile Phone (____) _____ Pager (____) _____

IF THE PERSON NAMED ABOVE IS NOT AVAILABLE IN THE EVENT OF AN EMERGENCY, NOTIFY:

NAME _____ Relationship _____ Phone _____

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Health History

Family Physician _____ Phone (____) _____

Personal Health/Accident insurance carrier _____ Policy No. _____

IMMUNIZATIONS: Please provide immunization record and date of last inoculation.

DTP/DT/Dt (tetanus): Date ___/___/___ MMR: Date ___/___/___ Haemophilus Infuenza Type B: Date ___/___/___

Other (specify): _____

Have or subject to: (check if yes)

- Asthma, Fainting spells, Convulsions, Swimming or sport restrictions, Insect bites, Diabetes, Heart trouble, High Blood Pressure, Cancer/Leukemia, Current Infectious Diseases, Allergies or reaction to any medication, food, other

Other _____ Explain above _____

Have difficulty with: (check if yes) oEyes oEars oNose oThroat oLungs oDigestion

o Any condition now requiring regular prescription or nonprescription medication? Name of medication(s) _____

oList any medications to be taken at camp? _____

o Any restriction of activity for medical reasons? _____

Explain _____

COMPLETE A SEPARATE FORM FOR EACH CAMP YOU ARE ATTENDING

I hereby give my permission to the physician selected by the designated representative of BSA in charge to secure proper treatment including hospitalization anesthesia, surgery or injections of medication for me. Valid for 1 year from date signed.

Date

Signature

This form will not be returned; a copy is needed for each camp (photocopies are acceptable). Adult form is single-sided.

LAST NAME:

FIRST NAME:

UNIT TYPE & #:

P = pack; T = troop; C = crew

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**THIS IS A SINGLE-SIDED FORM.
THIS SIDE SHOULD BE BLANK.**

**PLEASE REMEMBER TO MAKE A COPY OF YOUR HEALTH FORM
AND YOUR SCOUT'S HEALTH FORM
FOR EACH CAMP**