

GIRL & ADULT HEALTH HISTORY RECORD

Girl Scouts-Totem Council

This health history is to be completed & signed by parent/ guardian of girls or by adult member girls or by adult members themselves.

Name: _____ Date of Birth: _____ Age: _____
 Address: _____ Troop No. _____
 Parent/Guardian: _____ Day phone: () _____
 Address: _____ Message #: () _____ alternative # _____
 Doctor's name: _____ Dr. Phone #: () _____
 Emergency Contact: _____ Phone #: () _____ Relationship: _____

Part 1: Illnesses & injuries (check those that apply & give approximate dates)

Chronic or Recurring Illness:

- Ear infection Bleeding/clotting disorders Hypertension Asthma
 Heart defect/disease Musculoskeletal disorders Seizures Diabetes Other _____

Date of last health examination: _____ Is participant under a doctor/psychologist's care now? Yes No

Were any complicating medical problems noted in the last health exam? Yes No

Since last health exam, has participant had:

A serious injury requiring medical attention? Yes No An illness lasting more than five days? Yes No

Any prescribed or over the counter medications? Yes No A surgical procedure or fracture? Yes No

Treatment in a hospital or emergency room? Yes No Any exposure to a contagious disease? Yes No

Any restrictions concerning physical activity? Yes No

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN, INCLUDING DATES:

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Part 2: Allergies (Check those that apply & specify nature of allergic reaction)

- Animals _____ Hay fever _____
 Pollen _____ Food _____
 Meds/drugs _____ Insect stings _____
 Plants _____ Other(specify) _____

Part 3: Other health conditions (Check those that apply)

- Bedwetting Emotional disturbances
 Constipation Fainting
 Menstrual cramps Hearing impairment
 Motion sickness Sickle cell trait or disease
 Nosebleeds Special diet regime
 Sleep disturbances Wear glasses or contact lens
 Other (Please specify) _____

Part 4: Immunization history:

Immunization:	Year primary series completed	Year of the last booster
D.P.T.	_____	_____
Diphtheria	_____	_____
Pertussis (whooping cough)	_____	_____
Tetanus	_____	_____
Td	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
(German Measles)	_____	_____
Oral Polio	_____	_____
HbPV	_____	_____
Tuberculin test (most recent)	_____	_____
Other: _____	_____	_____

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to ANY of these health conditions. Also, please indicate any activities to be encouraged or restricted.

I know of no reason (s), other than the information indicated on this form, why my self/daughter should not participate in prescribed activities except as noted.

Signature of parent/guardian: _____ Date: _____

This health history is correct and I am able to participate in all prescribed activities except as noted.

Signature of adult: _____ Date: _____

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