

Walker/Staff/Leader Class 1 Personal Health History

(Update annually using form No. 34414)

Name _____ Date of birth _____ Age _____

Name of spouse _____ Telephone _____

Home address _____

City _____ State: MI Zip _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers,

Allergies: Food, medicines, insects, plants Yes No Explain:

General Information:

	Yes/No		Yes/No		Yes/No		Yes/No	
ADHD (Attention Deficit Hyperactivity Disorder)		Asthma		Convulsions/seizures		High blood pressure		Hemophilia
		Cancer/leukemia		Diabetes		Heart trouble		Kidney disease

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc. _____

Immunizations (give date of last inoculation):

Tetanus toxoid _____ Pertussis _____ Mumps _____ Polio _____
Diphtheria _____ Measles _____ Rubella _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy no. _____

Encase of Emergency, Please Contact: _____ Phone: _____

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 by me, In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates,

Signature _____ Date _____

Are you CPR Certified: Yes / No Are you Basic First Aid Certified: Yes /
No

Are you Youth Protection Certified: Yes / No

