PERSONAL HEALTH HISTORY RECORD

USA GIRL SCOUTS OVERSEAS – KUWAITOVERSEAS COMMITTEE

2003-2004

This health history is to be completed and signed by parents/guardians for all girls. This information in this health record is the same as that on the back of the annual registration form and may be used in place of the form for short term events (less than 72 hours with level of activity similar to that of home or school and with medical care readily available) Current Personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file at all meetings and events for easy reference.

Name _____ Date of Birth (MM/DD/YY) ___/___/___

Name of Parents/Guardians _____ Telephone _____

Name of Family Physician _____ Telephone _____

Family Medical/Hospital Insurance Carrier _____ Policy or Group No. _____

Part I: Illnesses and injuries (check those that apply)

_____ Ear infection	_____ Bleeding/Clotting disorders	_____ Hypertension	_____ Asthma
_____ Hypotension	_____ Musculoskeletal Disorders	_____ Hypoglycemia	_____ Heart Defect/Disease
_____ Seizures	_____ Diabetes	_____ Other (specify)	_____

Date of last health examination: _____

Were there any complicating medical problems noted in last health examination? _____

Part II: Allergies (check those that apply and specify nature of allergic reaction.)

_____ Animals_____	_____Hay fever_____	_____Pollen_____
_____Food_____	_____Medicines/Drugs_____	_____Insect Stings_____
_____Plants_____	_____Other (specify)_____	

Part III: Other health conditions (check those that apply)

_____Bed Wetting	_____Emotional Disturbances	_____Constipation	_____Fainting
_____Menstrual Cramps	_____Hearing Impairment	_____Motion Sickness	_____Sickle cell trait or disease
_____Nosebleeds	_____Special dietary regimen	_____Sleep Disturbances	_____Wears glasses or contact lenses

_____Other (specify)_____

Part IV: Immunization History

Immunization	Year Primary Series Completed	Year of Last Booster
D.T.P. (Diptheria, Pertussis, Tetatnus)	_____	_____
Td (Diptheria, Tetanus)	_____	_____
MMR (Measles, Mumps, Rubella)	_____	_____
Polio (OPV or IPV)	_____	_____
Hib		_____
BCG	_____	
Or		
Tuberculin test (most recent) Date:	_____	Result: _____

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, indicate any activities to be encouraged or restricted.

_____

_____

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

Signature of parent/guardian_____ Date _____