

MEDICAL HISTORY SURVEY

Camper's Name _____

Name of Insurance Provider: _____

Insurance Company Phone #: _____

Policy #: _____

- | | | | |
|-----|---|-----|----|
| 1. | Does the participant have any condition that would preclude or limit participation in our programs? If so explain: _____ | YES | NO |
| 2. | Has the participant been informed that they have asthma?
If so, is it controlled by medication? YES NO | YES | NO |
| 3. | Has participant ever been informed they might have epilepsy, or ever experienced a seizure? | YES | NO |
| 4. | Has participant ever been treated for infectious mononucleosis, viral pneumonia, or another infectious disease during the past twelve months? | YES | NO |
| 5. | Has participant ever been treated for or informed by a medical doctor that they have a heart problem, a heart murmur, or high blood pressure? | YES | NO |
| 6. | Has participant ever been told they have hemophilia or other bleeding disorders or currently have easy bleeding or bruising? | YES | NO |
| 7. | Has participant ever been told they have a hernia? If so, is it repaired? | YES | NO |
| 8. | Has participant had any operations in the past two years? If yes, indicate the anatomical site and date: _____ | YES | NO |
| 9. | Is participant taking any prescribed medications? If so, please indicate name of drug and indicate why it is prescribed and dosage: _____ | YES | NO |
| 10. | Has participant ever been treated for Osgood-Sclatter (knee) Disease? | YES | NO |
| 11. | Has participant had a fracture during the past two years? If yes, indicate the site of the fracture and the date: _____ | YES | NO |
| 12. | Has participant had any joint dislocation during the past two years? If so, please indicate which joint: _____ | YES | NO |
| 13. | Is participant allergic to penicillin or any other medications?
If so, please list: _____ | YES | NO |
| 14. | Is participant allergic to insect stings or any food?
If yes, please list: _____ | YES | NO |
| 15. | Have there been any disciplinary, emotional, learning disabilities or other concerns, which we should be aware of? If so, please explain: _____ | YES | NO |

COMMENTS:

PARENT/GUARDIAN: All of the above questions have been answered completely and truthfully to the best of my knowledge.

Date

Parent/Guardian Signature

Emergency Contacts:

1) Name/Relationship to Camper: _____ Phone #: _____

2) Name/Relationship to Camper: _____ Phone #: _____