

# HEALTH HISTORY FORM

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Please complete this form and return it to the camp with all other registration information. Please attach your child's complete immunization record and a record of a physical exam within the last 2 years. This information will offer considerable assistance to the camp in dealing with acute, chronic or emergency health problems should they arise during the camp session.

CIRCLE ONE ANSWER

1. Has your child been in good health in the past year? YES NO  
If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Has your child had any of the following in the past three years?

- |   |     |    |
|---|-----|----|
| a.) seizures  | Yes | No |
| b.) severe injuries or accidents                                | Yes | No |
| c.) fractures or broken bones                                   | Yes | No |
| d.) hospitalizations  | Yes | No |
| e.) operations  | Yes | No |
| f.) history of a heart murmur                                   | Yes | No |
| g.) medicines or treatments prescribed by a physician or clinic | Yes | No |
| h.) history of chickenpox                                       | Yes | No |

If yes to any of the above please explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Does your child have a primary care physician? Yes No  
Physician name and phone number:

\_\_\_\_\_

4. Is your child currently taking any medications? Yes No  
If yes, please list your child's medications:

\_\_\_\_\_  
\_\_\_\_\_

5. Is your child currently receiving any type of treatment? Yes No  
If yes, please explain: (i.e.: asthma)

\_\_\_\_\_  
\_\_\_\_\_