MEDICAL HISTORY

Failure to return or complete information may delay your camp registration.

Street Address: City: Home Phone:	State:	Zip:			
Home Phone:		Zip:			
	SS#:				
		Sex:		****	
Date of Birth:	Height:	Wei	ght:		
Name of Family Physician:			P	hone:	
	REP	ORT OF MEDICAL H	STORY	er e de remon	
B 1311 B	· 0 V		7.5	• 6	
Does your child have any aller	rgies? Yes	No	If yes, spec	city:	
Aspirin Penicillin	Codeine	Bee Stings Me	olds/Fungi		
		The state of the s			
Eggs Sulfa					
	Tetanus Toxoid _	Other			*
❖ IMPORTANT NOTE:	: IMMUNIZATIO	ON RECORD REQ	UIRED PRIOR TO	REGISTRA	
* IMPORTANT NOTE:	: IMMUNIZATIO	ON RECORD REQ		REGISTRA NS.)	
	: IMMUNIZATIO (PLEASE ATT	ON RECORD REQ ACH PROOF OF A	UIRED PRIOR TO LL VACCINATION	REGISTRA NS.)	
* IMPORTANT NOTE: Has your child ever had any of	: IMMUNIZATIO (PLEASE ATT	ON RECORD REQ ACH PROOF OF A	UIRED PRIOR TO LL VACCINATION	REGISTRA NS.)	
	: IMMUNIZATIO (PLEASE ATT	ON RECORD REQ ACH PROOF OF A ent below on all "Yes"	UIRED PRIOR TO LL VACCINATION	REGISTRA NS.)	TION.
Has your child ever had any of	: IMMUNIZATIO (PLEASE ATT	ON RECORD REQ ACH PROOF OF A ent below on all "Yes"	UIRED PRIOR TO LL VACCINATION answers.	NS.)	TION.
Has your child ever had any of	: IMMUNIZATIO (PLEASE ATT the following? Comm	ON RECORD REQ ACH PROOF OF A ent below on all "Yes" YES	UIRED PRIOR TO LL VACCINATION answers. NO	NS.)	TION.
Has your child ever had any of YES NO Measles (Red) German Measles Mumps	TIMMUNIZATIO (PLEASE ATT The following? Common YES NO Hay Fever DES Export Appended	ON RECORD REQ ACH PROOF OF A ent below on all "Yes" YES 6/Asthma osure tomy	UIRED PRIOR TO LL VACCINATION answers. NO Chest Pain / Pressu Chronic cough Palpitation (Heart)	YES NO	TION.
Has your child ever had any of YES NO Mensles (Red) German Mensles Mumps Chicken Pox	F the following? Common PES NO Hay Fever Appender Tonsillect	ON RECORD REQ ACH PROOF OF A ent below on all "Yes" YES F/Asthma Josure Josure Jomy Jomy	UIRED PRIOR TO LL VACCINATION answers. NO Chest Pain / Pressu Chronic cough Palpitation (Heart) Rheumatic Fever	VES NO	Jaundice Mononucleosis Gallbladder Tre Stomach Ulcers
Has your child ever had any of YES NO Measles (Red) German Measles Mumps Chicken Pox Malaria	TMMUNIZATIO (PLEASE ATT The following? Common YES NO Hay Fever Appendee Tonsillect Hemia rep	ON RECORD REQ ACH PROOF OF A ent below on all "Yes" YES F/Asthma bsure tomy omy oair	UIRED PRIOR TO LL VACCINATION answers. NO Chest Pain / Pressu Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressu	VES NO	Jaundice Mononucleosis Gallbladder Tre Stomach Ulcers Recurrent Diam
Has your child ever had any of YES NO Measles (Red) German Measles Mumps Chicken Pox Malaria Anemia	TIMMUNIZATIO (PLEASE ATT The following? Common YES NO Hay Fever DES Exper Appendee Tonsillect Hemia rep Other Sury	ON RECORD REQ ACH PROOF OF A ent below on all "Yes" YES F/Asthma Josure Josure Jomy Jomy	UIRED PRIOR TO LL VACCINATION answers. NO Chest Pain / Pressu Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressu Heart Murmur	VES NO	Jaundice Mononucleosis Gallbladder Tre Stomach Ulcers Recurrent Dian Recent Weight
Has your child ever had any of YES NO Mensles (Red) German Measles Mumps Chicken Pox Malaria Anemia Gum / Tooth Trouble	TIMMUNIZATIO (PLEASE ATT The following? Common YES NO Hay Fever DES Expo Appendee Tonsillect Hemia rep Other Sury Insomnia	ON RECORD REQ ACH PROOF OF A ent below on all "Yes" YES T/Asthma DSure tomy Omy Dair gery (Note Below)	UIRED PRIOR TO LLL VACCINATION answers. NO Chest Pain / Pressu Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressu Heart Murmur Heart Disease	VES NO	Jaundice Mononucleosis Gallbladder Tre Stomach Ulcers Recurrent Dian Recent Weight Venereal Disea
Has your child ever had any of YES NO Mensles (Red) German Measles Mumps Chicken Pox Malaria Anemia Gum / Tooth Trouble Sinusitis	The following? Common PLEASE ATT The following PLEASE ATT	ON RECORD REQ ACH PROOF OF A ent below on all "Yes" YES 6/Asthma osure tomy omy omy ogery (Note Below) Headache	UIRED PRIOR TO LLL VACCINATION answers. NO Chest Pain / Pressu Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressu Heart Murmur Heart Disease Joint Disease	VES NO	Jaundice Mononucleosis Gallbladder Tre Stomach Ulcers Recurrent Dian Recent Weight Venereal Diseas Dizziness, Fain
Has your child ever had any of YES NO Mensles (Red) German Measles Mumps Chicken Pox Malaria Anemia Gum / Tooth Trouble Sinusitis Eye Problems	TIMMUNIZATIO (PLEASE ATT The following? Common YES NO Hay Fever DES Expo Appendec Tonsillect Hernia rep Other Sury Insomnia Recurrent Recurrent	ON RECORD REQ ACH PROOF OF A ent below on all "Yes" YES 6/Asthma bure ttomy omy pair gery (Note Below) Headache Bladder Infection	UIRED PRIOR TO LL VACCINATION answers. NO Chest Pain / Pressu Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressu Heart Murmur Heart Disease Joint Disease Arthritis	VES NO	Jaundice Mononucleosis Gallbladder Tri Stomach Ulcers Recurrent Dian Recent Weight Veneral Diseas Dizziness, Fain Weakness, Para
Has your child ever had any of YES NO Measles (Red) German Measles Mumps Chicken Pox Malaria Anemia Gum / Tooth Trouble Sinusitis Eye Problems Ear Problems	IMMUNIZATIO (PLEASE ATT The following? Common YES NO Hay Fever DES Expo Appendee Tonsillect Hernia rep Other Sury Insomnia Recurrent Recurrent Kidney Di	ON RECORD REQ ACH PROOF OF A ent below on all "Yes" YES F/Asthma bosure stomy omy oair gery (Note Below) Headache Bladder Infection isease	UIRED PRIOR TO LL VACCINATION answers. NO Chest Pain / Pressu Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressu Heart Murmur Heart Disease Joint Disease Arthritis Back Problems	YES NO	Jaundice Mononucleosis Gallbladder Tre Stomach Ulcers Recurrent Diam Recent Weight Venereal Diseas Dizziness, Fain Weakness, Pare Diabetes
Has your child ever had any of YES NO Mensles (Red) German Measles Mumps Chicken Pox Malaria Anemia Gum / Tooth Trouble Sinusitis Eye Problems	IMMUNIZATIO (PLEASE ATT The following? Common YES NO Hay Fever DES Expo Appendee Tonsillect Hernia rep Other Sury Insomnia Recurrent Recurrent Kidney Di	ON RECORD REQ ACH PROOF OF A ent below on all "Yes" YES T/Asthma soure stomy omy pair gery (Note Below) Headache Bladder Infection sease ry/Unconsciousness	UIRED PRIOR TO LL VACCINATION answers. NO Chest Pain / Pressu Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressu Heart Murmur Heart Disease Joint Disease Arthritis	YES NO	Jaundice Mononucleosis Gallbladder Tri Stomach Ulcers Recurrent Dian Recent Weight Veneral Diseas Dizziness, Fain Weakness, Para

-Please Turn Over-