



Health History Form

Name: _____ Date: ____ / ____ / ____
last first middle

Date of Last Medical Examination: ____ / ____ / ____

Physician's Information:

name address phone

Immunization History

Vaccines	Date of Last Immunization
DPT/TD/Tetanus	
Polio	
Measles/Mumps/Rubella (MMR)	
Tuberculin Test Given	
Flu	
Other (Specify)	

Health Summary

1. Describe any current health conditions that require medication (including all medication(s)), treatment, or special restrictions while at camp. Write "none" if you do not have any.

2. Describe any past medical treatments relevant to participating in camp. Write "none" if you do not have any.

3. Describe any allergies or dietary restrictions. Write "none" if you do not have any.

4. Describe any activity restrictions you may have while at camp. Write "none" if you do not have any.

5. Describe any current mental or psychological conditions that require medication (including all medication(s)), treatment, or special restrictions. Write "none" if you do not have any.

6. List all other medications being used by camper (use back of form if necessary).

Signature: _____ Date: ____ / ____ / ____

If under 18 Parent/Guardian

Signature: _____ Date: ____ / ____ / ____