Medical Record

Please complete the form entering all information requested

_____ _____ / _____ / _____ _____ _____

Applicants Name | Date | Height | Weight

Health History

To be completed by the health practitioner. Has the applicant experienced the following?

Check either "Yes" or "No."

If "Yes" explain under "remarks and Medical Facts we should know."

Sinus condition	☐ Yes	☐ No	Any medical care in past year?	☐ Yes ☐ No
Ear problem	☐ Yes	☐ No	Any surgery within past year?	☐ Yes ☐ No
Lung problem	☐ Yes	☐ No	Exposed to infectious:	
Heart trouble	☐ Yes	☐ No	Disease past 3 weeks	☐ Yes ☐ No
High blood pressure	☐ Yes	☐ No	Hepatitis past 6 months	☐ Yes ☐ No
Allergy-Asthma	☐ Yes	☐ No	Any disorder preventing strenuous activity?	☐ Yes ☐ No
Fainting or dizzy spells	☐ Yes	☐ No	Taking prescription medicine of any type?	☐ Yes ☐ No
Diabetes	☐ Yes	☐ No	Any reaction of drugs or medicine of any type	☐ Yes ☐ No
Appendix removed	☐ Yes	☐ No		
Shortness of breath	☐ Yes	☐ No		
Skin infection	☐ Yes	☐ No		
Hearing difficultly	☐ Yes	☐ No		
Bad eyesight	☐ Yes	☐ No		
Wear contact lenses?	☐ Yes	☐ No		

Food or drug allergies _____

I am currently taking following medications_____

Remarks and Medical facts we should know: _____

_____

_____

_____

_____

_____

Give latest date of inoculation or vaccination against following:

Tetanus	____/____/____
Measles	____/____/____
Diphtheria	____/____/____
Polio	____/____/____
Typhoid	____/____/____
Small Pox	____/____/____

In case of emergency please notify:

LAST NAME FIRST NAME

RELATIONSHIP

DAYTIME CONTACT PHONE NUMBER

EVENING CONTACT PHONE NUMBER

Insurance Information

HEALTH INSURANCE COMPANY'S NAME

POLICY NUMBER

CERTIFICATE NUMBER

EFFECTIVE DATE OF COVERAGE

HEALTH INSURANCE COMPANY'S PHONE NUMBER

Parent/Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor to attend the Eagle rock Adventure Camp held at Camp Eagle Rock, MO, The parent's or legal guardian's signature below indicates: Permission to administer medical attention to the minor in the event of a medical emergency.

PRINT COMPLETE NAME OF MINOR | PARENT/LEGAL GUARDIAN SIGNATURE | DATE