

HEALTH HISTORY FORM NATIONAL ROYAL RANGER TRAINING CAMPS

This entire form must be completed and mailed in with the application. The National Royal Rangers Ministries office has the prerogative to accept or reject any person based upon his/her medical health.

Applicant's Name: (Please Print.)			Birth Date: (mm/dd/yyyy)		
Height:		Weight:		Occupation:	
HEALTH HISTORY	Please answer YES or NO to the following and briefly explain any YES answers under REMARKS below. Use the back of this form, if necessary.				
QUESTION/CONDITION	YES	NO	QUESTION/CONDITION	YES	NO
HEARING DIFFICULTIES?			MEDICAL TREATMENT IN THE LAST YEAR?		
LUNG CONDITION?			HAVE YOU HAD SURGERY IN THE LAST YEAR?		
HIGH BLOOD PRESSURE?			HAVE YOU BEEN EXPOSED TO INFECTIOUS DISEASES IN THE LAST THREE WEEKS?		
ASTHMA/ALLERGIES?			HAVE YOU BEEN EXPOSED TO HEPATITIS IN THE LAST SIX MONTHS?		
FAINTING/DIZZINESS?			DO YOU HAVE ANY DISORDER THAT WOULD PREVENT STRENUOUS ACTIVITY?		
SHORTNESS OF BREATH?			ARE YOU TAKING ANY PRESCRIPTION MEDICATIONS?		
SKIN INFECTIONS?			HAVE YOU HAD ANY ALLERGIC REACTIONS TO ANY TYPES OF DRUGS OR MEDICATIONS?		
VISION PROBLEMS?			SINUS CONDITION?		
DO YOU WEAR CONTACTS?					

REMARKS AND MEDICAL FACTS WE SHOULD KNOW IN CASE OF EMERGENCY:

Give Latest Date of Inoculation or Vaccination Against the Following:	Tetanus	Small Pox	Measles	Typhoid	Diphtheria	Polio
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I know of no physical reason that would restrict me from participation in camp activities.

Applicant's Signature _____ Date _____