girl scouts of historic georgia

Adult Health History

Print Form

This form is required for all trips/events that occur away from the meeting place. This completed form, along with other necessary papers, must accompany adult chaperone during all events/trips/activities. Also, this necessary paperwork must be in the vehicles transporting the adults to whom they refer.

Name _____ Date of Birth _____ Sex: ☐ F ☐ M
(Last / First / Initial)

Email _____ Spouse _____

_____
(Address / City / State / Zip Code)

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

Family Medical/Hospital Insurance Carrier _____ Policy/Group # _____

Health History (check those that apply):

☐ Convulsions/Seizures ☐ Hypertension
☐ Sinusitis ☐ Musculoskeletal Disorders
☐ Asthma ☐ Diabetes
☐ Lyme Disease ☐ Bleeding/Clotting Disorders
☐ Heart defect/disease ☐ Other: _____

Date of last tetanus shot: _____

Diseases (check those that apply)

☐ Chicken Pox ☐ Measles ☐ German Measles
☐ Mumps ☐ Tuberculosis ☐ Other (specify) _____

Allergies (check those that apply and specify the nature of the allergic reaction):

☐ Animals _____ ☐ Pollen _____
☐ Plants _____ ☐ Hay Fever _____
☐ Medicines/Drugs _____
☐ Food _____ ☐ Insect stings _____

Do you carry an Epi-pen? ☐ No
☐ If yes, can you self-administer? _____
☐ Other (please explain) _____

Date of last health examination _____ Complicating medical problems noted in last health examination _____

Check those that apply and describe:

☐ Current care by a physician or psychologist _____
☐ Serious injury or operation _____ ☐ An illness lasting more than five (5) days _____
☐ Prescribed medication _____ ☐ Regularly taken over the counter medication _____
Recent exposure to a contagious disease _____

Restrictions concerning physical activity _____

Other Health Conditions (check those that apply):

☐ Motion sickness ☐ Special dietary regimen ☐ Hearing impairment ☐ Sleep disorders
☐ Emotional disturbances ☐ Fainting ☐ Nosebleeds ☐ Glasses/contact lenses
☐ Fears ☐ Other: _____

Please explain any items checked above. Indicate any information useful to the adult in charge in relation to these health conditions: _____

Please indicate any activities to be encouraged or restricted. _____

The **Adult Health History Form** is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health form will be retained by the sponsoring council or GSUSA until it is destroyed. All forms/records with noted treatment will be retained for seven years. Access to the information will be limited, but copies may be requested from the event sponsor, by the participant or their legal representative. I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Signature: _____ Date: _____