

ADULT HEALTH HISTORY

(Update annually)

BSA requires an annual health evaluation for all participants in Scout Activities. Please fill in this Class I Scout Health History Form for each adult (each sign for himself/herself) who will be driving or otherwise participating in Troop 5 activities. Troop 5 is especially interested in any conditions which may affect or limit full participation in swimming, backpacking, long hikes, or strenuous activities, especially at high altitudes (above 5000 feet). If your activities are limited, troop can use help in many other areas. Be sure to notify the Trip Leader of any temporary conditions **before** starting the activity. BSA requires additional health forms for certain activities, such as long-term summer camps, National Jamborees, Philmont and other High Adventure Activities. Those forms will be supplied as necessary.

Adult's Name: _____ **Phone:** (____) _____ **Date of Birth:** ____/____/____

Home Address: _____
(Street Address) (City) (ZIP)

Health Conditions:

Check all items that apply, past or present, to your health history. Explain any "yes" answers; use back of page as needed.

Convulsions/seizures	yes	no	Asthma	yes	no	Heart Trouble	yes	no	Hemophilia	yes	no
Cancer/leukemia	_____	_____	Diabetes	_____	_____	Kidney Disease	_____	_____	High Blood Pres.	_____	_____
AIDS/hepatitis	_____	_____	Allergies (food, medicine, insects, etc.)	_____	_____						

Explain: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in strenuous physical activities listed above:

List any equipment needed (e.g. wheelchair, braces, contact lenses, etc.): _____

Immunizations (give date of last inoculation. In mo./yr.):

Tetanus toxin: ____/____ Pertussis: ____/____ Mumps: ____/____ Polio: ____/____
Diphtheria: ____/____ Measles: ____/____ Rubella: ____/____ Other: _____

Name of Personal Physician: _____ **Phone:** (____) _____

Personal health/accident insurance carrier: _____

Policy No.: _____ **Medical Record No.:** _____

Authorization:

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted above. In the event of illness or accident in the course of such activities, I request that measures be instituted without delay as the judgement of medical personnel dictates.

Signature: _____ **Date:** ____/____/____

DRIVER INFORMATION

Driver Name: _____ **Driver License No.:** _____ **Phone:** (____) _____

Driver Name: _____ **Driver License No.:** _____ **Phone:** (____) _____

Vehicle I: _____
Year/make/model # of seat belts Insurance Company Coverage Amounts

Vehicle I: _____

(Each family is expected to provide a driver once every 2-3 events, including overnights. BSA requires the above information on the Trip Permit Forms. Please inform the Troop Committee (Outdoor Chairperson) if any of the information changes. Rev. 9/29/97