

Learning for Life Personal Health and Medical Record Form—Part 3

All Part 3 activities require a health examination within the past 12 months by a licensed health-care practitioner.* This includes youth and adult members participating in high-adventure activities, athletic competition, etc.

Religious preference _____

I. IDENTIFICATION Age _____ Sex _____ Date of Birth _____

Name (Last, First, MI) _____

Address _____

City, State, Zip _____

Health/Accident Insurance _____ Policy No. _____

In an Emergency, Notify:

Name _____ Relationship _____

Address _____

City, State Zip _____

Home Phone _____ Business Phone _____

Personal Physician _____ Phone _____

II. EMERGENCY MEDICAL INFORMATION Applicant has or is subject to (check and give details):

- Allergy to a medicine, food, plant, animal, or insect toxin
- Any condition that may require special care, medication, or diet
- ADHD (attention deficit hyperactivity disorder)
- Asthma Convulsions Heart trouble Contact lenses
- Diabetes Fainting spells Bleeding disorders Dentures

EXPLAIN _____

III. PARENTAL STATEMENT Has it ever been necessary to restrict applicant's activities for medical reasons? Yes No

Does applicant take medicine regularly or have special care? No Yes If yes, explain: _____

To be best of my knowledge, the information in sections I, II, III, IV, and VI is accurate and complete. I request a licensed health-care practitioner to examine applicant, to give needed immunization, and to furnish requested information to other agencies as needed. I give my permission for full participation in Learning for Life programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

Parent or guardian (Must sign if applicant is 18 or younger) _____

Applicant's signature _____ Date signed _____

IV. IMMUNIZATIONS If disease, put "D" and year. (Note: LYG indicates "last year given.")

	LYG		LYG		LYG		LYG
Tetanus	_____	Diphtheria	_____	Pertussis	_____	Measles	_____
Mumps	_____	Rubella	_____	Polio	_____	Chicken pox	_____

V. LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION AND ADVICE

Approved for participation in: Hiking and camping Competitive sports Water activities All activities

Specify exceptions _____

Recommendations (explain any restrictions OR limitations): _____

Signed by licensed health-care practitioner* _____ Date _____

*Examinations conducted by licensed health-care practitioners other than physicians will be recognized for Learning for Life purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

VI. MEDICAL HISTORY Parent (or applicant if 18 or older): Fill in sections I, II, III, IV, and VI before seeing a licensed health-care practitioner. Check immunizations to be given at this time. Be sure to include any emergency information and restrictions or special care that should be observed. Especially be sure to record any injuries, illnesses, surgery, or significant changes in condition of health of applicant since last complete examination.

Date of most recent complete physical examination (month and year) _____

Are you aware of any current health problems? _____ No _____ Yes

Now under medical care or taking medicines? _____ No _____ Yes

Has there been any surgery, injury, illness, allergy, or change in health status since last complete physical examination?

_____ No _____ Yes

Give dates and full details below for any "yes" answers. IS THERE DISEASE OF (OR PAST OR PRESENT HISTORY OF):

	NO	YES	YEAR	DETAILS/MEDICINES
Serious illness	_____	_____	_____	_____
Serious injury	_____	_____	_____	_____
Deformity	_____	_____	_____	_____
Surgery	_____	_____	_____	_____
Skin, glands	_____	_____	_____	_____
Ears, eyes	_____	_____	_____	_____
Nose, sinus	_____	_____	_____	_____
Teeth, tonsils	_____	_____	_____	_____
Dentures	_____	_____	_____	_____
Bridge	_____	_____	_____	_____
Chest, lungs	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Murmur	_____	_____	_____	_____
Rheumatic fever	_____	_____	_____	_____
Stomach, bowels	_____	_____	_____	_____
Appendicitis	_____	_____	_____	_____
Kidneys or urine	_____	_____	_____	_____
Albumin	_____	_____	_____	_____
Sugar	_____	_____	_____	_____
Infection	_____	_____	_____	_____
Bed-wetting	_____	_____	_____	_____
Menstrual problems	_____	_____	_____	_____
Hernia (rupture)	_____	_____	_____	_____
Back, limbs, joints	_____	_____	_____	_____
Sleepwalking	_____	_____	_____	_____
Nervous condition	_____	_____	_____	_____
Other (explain)	_____	_____	_____	_____

VII. HEALTH EXAMINATION Licensed Health-Care Practitioner

The applicant will be participating in a strenuous activity that will include one or more of the following conditions: athletic competition, adventure challenge or wilderness expedition (afoot or afloat) that may include high altitude, extreme weather conditions, cold water, exposure, fatigue, and/or remote conditions where readily available medical care cannot be assured.

- Please insist applicant furnish complete medical history (VI) before exam.
- Review immunizations; for youth (18 or younger) tetanus and diphtheria toxoids, measles, mumps, and rubella vaccines, and trivalent oral polio vaccine are required; youths and adults must have had tetanus booster within 10 years. A measles booster is recommended at age 12.
- After completing section VII, summarize any restrictions and/or recommendations in sections II and V, and sign.

	VISION	HEARING
Date _____	Normal _____	Normal _____
Ht. _____ Wt. _____	Glasses _____	Abnormal _____
B.P. ____ / ____ Pulse _____	Contacts _____	

Check if normal; circle if abnormal and give details below:

_____ Growth, development	_____ Teeth, tonsils	_____ Genitourinary
_____ Skin, glands, hair	_____ Respiratory	_____ Skeletomuscular
_____ Head, neck, thyroid	_____ Cardiovascular	_____ Neuropsychiatric
_____ Eyes, ears, nose	_____ Abdomen, hernia	_____ Other (specify)

COMMENTS _____

LABORATORY: Urinalysis (dipstick) Albumin _____ Sugar _____

REVIEW FOR CAMP OR SPECIAL ACTIVITY

DATE	AGENCY OR ACTIVITY	BY	"OK"	PHYSICIAN RECHECK NEEDED	RESULTS OF RECHECK	INITIAL

INTERVAL RECORD (CAMP, SPORTS ACTIVITIES, TRAVEL, ETC.)

DATE, TIME, PLACE, ETC.	FINDINGS, DIAGNOSES, TREATMENTS, INSTRUCTIONS, DISPOSITION, ETC.	BY