

Little Sisters Incorporated DBA White Pines Ranch

HEALTH HISTORY

The health history is to be completed and signed by a parent/guardian

Camper's Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

PART I: Illness and injuries (check those that apply)

Chronic or recurring illness:

- ( ) Asthma ( ) Diabetes ( ) Seizures ( ) Kidney Disease ( ) Hypertension
( ) Ear Infection ( ) Musculoskeletal Disorders ( ) Heart Disease
( ) Bleeding/Clotting Disorder ( ) Other \_\_\_\_\_

Yes No

- ( ) ( ) Were any complicating medical problems noted in your child's last examination?
( ) ( ) Is your child currently under a physician's care for a medical problem?
Since your child's last health exam, has he/she had?
( ) ( ) a serious injury requiring medical attention?
( ) ( ) an illness lasting longer than one week?
( ) ( ) a surgical operation or fracture?
( ) ( ) medication prescribed by a physician to be taken on a regular basis?
( ) ( ) treatment in a hospital as an in-patient or in the emergency room?
( ) ( ) restriction from participating in any school physical education activity?

Please explain any "yes" answers to the above questions. Include dates:

PART II: Allergies (check those that apply)

- ( ) Animals (specify) \_\_\_\_\_ ( ) Medicine/drugs (specify) \_\_\_\_\_
( ) Food (specify) \_\_\_\_\_ ( ) Plants (specify) \_\_\_\_\_
( ) Hay fever (specify) \_\_\_\_\_ ( ) Pollen (specify) \_\_\_\_\_
( ) Insect stings (specify) \_\_\_\_\_ ( ) Other (specify) \_\_\_\_\_

PART III: Immunizations

Table with 4 columns: Immunizations, Yr. Primary Series Completed, Year of Last Booster, Yr. Primary Series Completed, Year of Last Booster. Rows include D.T.P, Measles, Mumps, Adult Tetanus, Oral Polio, Rubella, T.B., Hib (Haemophilus B. Influenza).

PART IV: Other health conditions (check those that apply)

- ( ) bedwetting ( ) hearing impairment ( ) sickle cell trait or disease
( ) constipation ( ) menstrual cramps ( ) special dietary regimen
( ) emotional disturbances ( ) motion sickness ( ) wears contact lenses
( ) fainting ( ) nosebleeds ( ) wears glasses

Please explain any "yes" answers to the above questions. Indicate any information useful to the adult(s) in charge in relation to any of these health conditions. Indicate any activity to be encouraged or restricted:

Signature of Parent/Guardian \_\_\_\_\_