

TROOP 212 HISTORY FORMS

Applicant's Name _____

Please answer yes or no

I currently have:

List medications you currently use;

If none, write none

_____ Asthma	_____
_____ Diabetes	_____
_____ Convulsions or epilepsy	_____
_____ High blood pressure	_____
_____ Heart trouble	_____
_____ Allergies <i>(list below with medications)</i>	_____
_____ Food allergies	_____
_____ Environmental allergies <i>(plants, bee sting, etc.)</i>	_____
_____ Other allergies	_____
_____ Frequent earaches	_____

Are you currently on any medication not listed above?

Medication: _____ Dosage: _____

Any other health problems you feel that the staff first aider should know about?

Name of personal physician: _____

Address: _____

Telephone number: _____

Health insurance plan and membership number: _____

Name of personal dentist: _____

Address: _____

Telephone number: _____

Dental insurance plan and membership number: _____

Other adult to notify in case of an emergency:

Name and relationship: _____

Address: _____

Telephone number: _____