HEALTH HISTORY RECORD

Michigan Department of Licensing and Regulatory Affairs

Dear Authorized Person:

The following information is request so that the Camp can better meet the physical, intellectual, and emotional needs of the camper. Fill out the information requested. (Use back of form if additional space is required.) "Authorized person" means a parent, guardian, or adult camper's designee.

Camper's Name (Last)	First	Middle	Sex	Date of Birth

Address (Number and Street)	City	Zip	Telephone (Home)

Authorized Person's Name (Last)	First	Middle	Telephone (Work)

Address (Number and Street)	City	Zip	Telephone (Emergency)

Is the camper having any of the problems listed below?	Yes	No			Yes	No
1. Hay fever, asthma, or wheezing	☐	☐	7.	Trouble with passing urine or bowel movements	☐	☐
2. Eczema or frequent skin rashes	☐	☐	8.	Shortness of breath	☐	☐
3. Convulsions/seizures	☐	☐	9.	Speech problems	☐	☐
4. Heart Trouble	☐	☐	10	Menstrual Problems	☐	☐
5. Diabetes	☐	☐	11.	Dental problems	☐	☐
6. Frequent colds, sore, throats, ear aches (4 or more per Year)	☐	☐	12.	Other	☐	☐

Please explain any problem areas identified above including any current infectious diseases:

If female has she been told about menstruation (answer if appropriate)	Has she menstruated (answer if appropriate)
☐ Yes ☐ No	☐ Yes ☐ No

Operations or Injuries

Explain Any Special Health, Behavioral or Emotional Consideration(s)

Medication Needed of Used (Including Psychiatric)			Currently Being Given	
Kind	Frequency	Dosage		
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No

Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin or other drugs), Bedwetting, Fainting, Sleep Walking, etc.

IMMUNIZATION		Polio	Mumps	Diphtheria	Tetanus	Pertussis (Whooping cough)	Measles	Rubella	Hepatitis B	Other
	Date Initial Immunization Completed									
	Date of Most Recent Booster									

Should the camper's activity be restricted because of any physical limitation or illness? ☐ No ☐ Yes If yes, explain degree of restriction:

I certify that this information is true to the best of my knowledge.	Authorized Person's Signature	Date

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