Name _____ Date of Birth_____

Form 1 – Seneca Lake Camp
Personal Health History Form

Immunizations Please indicate date of last inoculation. Adults may indicate up-to-date.

Tetanus toxoid _____ Measles _____ Polio _____ Hepatitis B _____

Diptheria _____ Pertusis _____ Mumps _____

Chicken Pox _____ Rubella _____ Hib _____

Date of most recent physical examination: Month _____ Year _____

Does the participant have any current health problems you are aware of ☐Yes ☐No

Is the participant currently under medical care or taking medications ☐Yes ☐ No

Has there been any surgery, injury illness, allergy, or change in the Participant's health status since their last complete physical examination ☐Yes ☐No

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Is there past or present history of disease of:

	Yes	No	Year		Yes	No	Year		Yes	No	Year
Serious illness	☐	☐	____	Nose, sinus	☐	☐	_____	Asthma	☐	☐	____
Serious injury	☐	☐	____	Teeth tonsils	☐	☐	_____	Diabetes	☐	☐	____
Deformity	☐	☐	____	Chest, Lungs	☐	☐	_____	Convulsions	☐	☐	____
Surgery	☐	☐	____	Heart	☐	☐	_____	Fainting spells	☐	☐	____
Skin, glands	☐	☐	____	Heart Murmur	☐	☐	_____	Heart trouble	☐	☐	____
Ears, eyes	☐	☐	____	Rheumatic fever	☐	☐	_____	Bleeding disorders	☐	☐	____
Kidneys or urine	☐	☐	____	Menstrual problems	☐	☐	_____	Contact lenses	☐	☐	____
Bed-wetting	☐	☐	____	Stomach, bowels	☐	☐	_____	Dentures	☐	☐	____
Back, limbs, joints	☐	☐	____	Hernia	☐	☐	_____	ADHD	☐	☐	____
Nervous condition	☐	☐	____	Sleepwalking	☐	☐	_____	Other	☐	☐	____

Give details to any 'yes' answers: _____
_____

Allergies: Please list any allergies to food, medications, insects, plants, animals, etc.: _____
_____

If there is any condition that may require special care, medication, diet, or restrictions to activities, please explain: _____
_____

Form Completed By _____ Date _____