

REFORMATION LUTHERAN CHURCH
CAMP RC 2007

MEDICAL HISTORY FORM

LAST NAME:	FIRST NAME	MIDDLE INITIAL:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOME PHONE: (include area code)	DATE OF BIRTH:	GRADE SEPTEMBER 2007:

PARENT/GUARDIAN SECTION:

Medical history to be completed by parents (must be completed before physical)

	YES	NO		YES	NO
Any past injuries			Presently taking medications		
Fainting or dizziness while exercising			History of head injury		
Allergies			Significant past illness		
Asthma			Orthodontia (braces)		
Wears contact lenses/glasses			Any ongoing medical problems		
Past surgical procedures			Seizures		
Any hospitalizations			Bone/joint problems		

Tetanus(date):	Comments on any YES:
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PARENT/GUARDIAN SIGNATURE:	
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PHYSICIAN'S SECTION:

HEIGHT:		BLOOD PRESSURE:	
WEIGHT:		PULSE:	
	(Normal)	Comments/Follow-up	
General condition			(Normal)
Skin		Gastrointestinal	
Ears		Lungs	
Eyes		Genito-urinary	
Nose		Neurological	
Throat		Musculoskeletal	
Mouth/dental		Spinal	
Cardiovascular		Nutritional status	
		Mental Health	

I approve the above named child to attend <i>Camp RC 2007</i>	YES	NO
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ADDITIONAL COMMENTS:

PHYSICIAN SIGNATURE:			
DATE:		PHONE NUMBER:	