

Class 2 Medical Form - (YOUTH)

CLINTON VALLEY COUNCIL #276 -- BOY SCOUTS OF AMERICA

CAMPER INFORMATION

Name: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Council: _____ Unit No.: Pack _____ Troop _____ Post _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: Day _____ Evening: _____ Other: _____

INSURANCE INFORMATION

Family Insurance Company: _____ Contract/Group No.: _____
 Signature of Parent/Guardian: _____

HEALTH HISTORY: Indicate any of following which you have had or currently have

Have you ever had:	YES	NO	Have you ever had:	YES	NO	Have you ever had:	YES	NO	Have you ever had:	YES	NO
Fainting			Asthma			Blurred Vision			Shortness of Breath		
Diphtheria			Diabetes			Headaches			Frequent Urination		
Scarlet Fever			Hear Disease			Fainting			Cough		
Rheumatism			Kidney Disease			Convulsions			Nosebleeds		
Hernia			Tuberculosis			Blackouts			Frequent Sore Throats		
Rheumatic Fever			Jaundice			Painful Joints			Stomach Pains		
Poliomyelitis			Easy Fatigibility			Backaches			Epilepsy		
Pneumonia			Cancer/Leukaemia			Pounding Heart					

MEDICATIONS: Please list any medication, prescribed by a physician, that you are currently taking.

Prescribed Medications: _____

ALLERGIES: Please list any food, medications, insects, plants that you are allergic to.

Allergy: _____ Explanation: _____
 Allergy: _____ Explanation: _____
 Allergy: _____ Explanation: _____

PHYSICAL EXAMINATION

System	Norm.	Abn.	System	Norm.	Abn.	System	Norm.	Abn.	System	Norm.	Abn.
Urinalysis			Nose			Chest			Hernia		
Vision			Throat			Lungs			Genitalia		
Blood Pressure			Teeth/Cavities			Heart			Neurologic		
Pulse Rate			Orthopaedic			Abdomen			Muscular		
Ears			Thyroid								

IMMUNIZATIONS: Please provide immunization record and date of last inoculation.

DTP/DT/Dt (tetanus): Date _____ MMR: Date _____ Haemophilus Influenza Type B: Date _____
 Other: _____

TO BE COMPLETED BY A LICENSED PHYSICIAN:

I certify that I have examined (name) _____ on (date) _____ and find him/her physically fit to participate in all Scouting activities except as noted below. The aforementioned individual has all required immunizations current as required by the State of Michigan and is free of infectious diseases.

Restrictions and/or Recommendations:

Physician's Signature: _____ Printed Name of Examiner: _____
 Address: _____ Office Phone Number: _____
 Answering Service Phone Number/Beeper Number/Alternative Method of Contact: _____

NAME: _____ UNIT #: _____ CAMP SITE: _____ WEEK: _____

**Parent/Guardian Authorization Related to Physical
Activities and Medical Treatment**

1. So far as I know, the health history contained herein is correct. Therefore, the person herein described has permission to engage in all prescribed activities, except as noted by the physician and me.

2. Are there any health or behavioural considerations that adult staff or Troop Leaders should be made aware of? If so, please note: _____

3. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine non-surgical medical care, hospitalise, secure proper anaesthesia, or to order injection(s) for my child.

4. The person herein described is in good health and has all required immunization current, and I assume the health responsibility for the individual.

(A youth's Health & Medical Record is required to be completed only once during a three-year period by a physician therefore the parent/guardian may choose to update this Health & Medical Record and sign without a physician's signature for the second and third year. Each signature is good for one year but can not exceed the three-year anniversary of the original examination date.)

1st Year: Date _____ Signature of Parent or Guardian: _____

Any changes to First Year? _____

2nd Year: Date _____ Signature of Parent or Guardian: _____

3rd Year: Date _____ Signature of Parent or Guardian: _____