TAKE TO CAMP CHECK-IN GSSJC GIRL HEALTH EXAMINATION RECORD

Session_____

Unit

This side to be filled in by parent and reviewed with physician at the time of examination.

Name (Last, First, Initial)		Parent or Guardian		(Area Code) Phone		
Address	City or Town	State	Zip Code	Date of Birth	Age	Sex
In Emergency Notify		Address		(Area Code) Phone		

Health History: (Check those that apply)

Diseases	Allergies	Chronic or Recurring Illness
☐Chicken Pox	☐Animals	☐Ear Infections
☐Measles	☐Food	☐Heart Defect/Diseases
☐German Measles	☐Hay Fever	☐Seizures
☐Mumps	☐Insect Stings	☐Bleeding Disorders
	☐Medicine/Drugs	☐Asthma
	☐Plants	☐Hypertension
	☐Pollen	☐Musculoskeletal Disorders
	☐Other	☐Other (Specify)_____

Please describe conditions and give dates:

Operations or serious injuries_____

Hospitalizations_____

Other diseases/disabilities_____

Suggestions from Parent:

Comments where applicable:

Fainting_____ Sleeping disturbances_____

Bed wetting_____ Menstrual cramps_____

Constipation_____ Nosebleeds_____

Emotional disturbances_____ Other_____

Specific activities to be encouraged_____

restricted_____

Special medical or dietary regimen to be followed (specify)_____

This healthy history is correct and my daughter has permission to engage in all prescribed activities, except as noted by me and the examining physician.

I authorize camp personnel to take my daughter to a doctor, and I give the doctor permission to perform services s/he deems necessary.

Signature of Parent/Guardian_____ Date_____

This side to be filled in by physician after review of health history with parent/guardian.

Health Examination:

Date of examination_____

Height_____ Weight_____ B.P._____

Appearance-Nutrition_____

	Without Glasses	With Glasses
Eyes R 20/_____ L 20/_____	R 20/_____	L 20/_____
Ears_____	Hearing R_____	L _____

Code: Satisfactory _

Not satisfactory x

Not examined o

Nose_____

Throat_____

Teeth_____

Teeth_____

Heart_____

Lungs_____

Abdomen_____

Genitalia_____

Hernia_____

Skin_____

Musculoskeletal_____

General physical and emotional status_____

Urinalysis*_____ HGB.*_____

Other notes_____

*Not required for every health examination. A Daisy, Brownie, or Junior Girl Scout should have this test if she has not already had it, either when entering school or at any time since. A Cadette or Senior Girl Scout should have this test if she has not had it since entering puberty.

**Adult tetanus-diphtheria toxoid

***Haemophilus b polysaccharide vaccine

Record of Immunizations:

Immunization	Year Primary Series Completed	Year Of Last Booster
D.T.P.	_____	_____
Diphtheria		_____
Pertussis (Whooping Cough)		_____
Td**		_____
Oral Polio	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Hbpv***	_____	_____
Tuberculin test	Type_____	_____
	Year last given_____	
	Result_____	
Other	_____	_____

Physician's comments and recommendations

Give details or indicate management of significant illnesses.

_____

_____

_____

This person is in satisfactory condition and may engage in all usual activities except as noted.

Licensed physician's name_____

Licensed physician's signature_____

Address_____

City_____ State_____ Zip_____

(Area Code)Phone_____ Date_____