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____

Bed wetting____

Constipation____

Emotional disturbances__________________________________

Sleeping disturbances____

Menstrual cramps____

Nosebleeds____

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____

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*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.

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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______________________