GSSEF Administrative HQ
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girl scouts of southeast florida

Adult Health History Form

This health history is to be completed and signed by adult members. (Confidential)

Name	Date of Birth	Age
Address	City	Zip
Position		Troop #
Home Phone	Cell Phone	

In Emergency Notify Name		Relationship	
Address	City	Zip	Phone #
Name of Family Physician		Physician's Phone #	
Insurance Carrier		Policy or Group No.	

Part 1: Illness and Injuries (check those that apply and give appropriate dates)
Chronic or Recurring Illness

( ) Ear Infection ( ) Bleeding/Clotting Disorders ( ) Hypertension ( ) Asthma
( ) Hearing Defect/Disease ( ) Musculoskeletal Disorders ( ) Seizures ( ) Diabetes
( ) Convulsions ( ) Epilepsy ( ) Motion Sickness
( ) Other (specify)_____ Date of last Tetanus shot or DPT_____

Date of Last Health Examination: _____ Operations or Serious Injuries _____

Were any complicating medical problems noted in last health exam? ( ) Yes ( ) No
Is adult currently under the care of a physician or psychologist? ( ) Yes ( ) No
Please explain any "yes" answers to the above questions. _____

Part 2: Allergies (check those that apply and specify nature of allergic reaction)

( ) Animals _____ ( ) Hay Fever _____ ( ) Pollen _____
( ) Food _____ ( ) Medication _____ ( ) Plants _____
( ) Insect sting _____ ( ) Other _____

List any other medical conditions. _____

Part 3: Medications List any prescribed or over the counter medication(s) currently being taken.

Part 4: Other Health Conditions (check those that apply)

( ) Fainting ( ) Nosebleeds ( ) Special Dietary Regimen ( ) Wears Glasses/Contact Lenses
( ) Disability ( ) Other _____

Part 5: Immunization History

Immunization	Year Primary Series Completed	Year of Last Booster
DTP		
Diptheria		
Pertussis (whopping cough)		
Tetanus		
TD		
Measles		
Other		

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.

Signature of Adult Date Signed