

Applicants Health Information

Use A Separate Sheet If Necessary

In case of emergency, please notify: _____ Phone _____

Primary Care Physician: _____ Phone _____

List Past Illnesses:

1. _____
2. _____
3. _____

Please list any allergies, i.e. medicine, foods, etc.

1. _____
2. _____
3. _____

Does applicant take any medications? Yes _____ No _____

If yes, please list all medication(s) and the frequency that medication(s) must be given.

1. _____ Frequency _____
2. _____ Frequency _____
3. _____ Frequency _____
4. _____ Frequency _____
2. _____ Frequency _____

Is the applicant current on all required immunizations? Yes _____ No _____ **If No, Please Indicate Which Immunizations) Which Applicant Is Not Current.**

DTaP (Diphtheria, Tetanus, Pertussis) _____

MMR (Measles, Mumps, Rubella) _____

Polio _____

Chickenpox _____

Other _____

Can applicant swim? Yes _____ No _____

If yes, can applicant participate in water activities? Yes _____ No _____

Can applicant participate in sport activities? Yes _____ No _____

If No, Please Explain.
