

# 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 \_\_\_\_\_
5. \_\_\_\_\_ 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 No, can applicant participate in water activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Can applicant participate in sport activities? Yes \_\_\_\_\_ No \_\_\_\_\_

**If No, Please Explain.**

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