

# Confidential Health Form

(Please make copies for all participants)

Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Do you have medical insurance?  No  Yes Provider \_\_\_\_\_

Insurance Number \_\_\_\_\_ Coverage \_\_\_\_\_

We recommend that the group leader carry a copy of each participant's health insurance card

Parent's/Guardian's Name (for students only) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

## Personal History

Please answer all questions. Explain all positive answers in the space below or on a separate sheet.

Have you ever had, or do you have any of the following?

- Y N
- skin conditions
  - eye trouble
  - ear trouble
  - head injury
  - fainting spells
  - recurrent headache
  - epilepsy
  - insomnia
  - anxiety

- Y N
- heart trouble
  - high blood pressure
  - low blood pressure
  - diabetes
  - anemia
  - hepatitis
  - kidney problems
  - gall bladder problems
  - surgery

- Y N
- back problems
  - arthritis
  - broken bones
  - recurrent diarrhea
  - shortness of breath
  - asthma
  - allergies (specify)
  - food allergies (specify)
  - other (specify)

Specifications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Revised 9/1/10

Do you have any illnesses or conditions that would restrict you on your Mission Adventures trip that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Are you taking any medication at this time?  No  Yes

If yes, specify \_\_\_\_\_

Are you allergic to any prescription drugs?  No  Yes

If yes, specify \_\_\_\_\_

Do you have any physical impairments, handicaps, or health conditions which will require special attention?  No  Yes

If yes, specify \_\_\_\_\_

When was your last tetanus inoculation? \_\_\_\_\_

Would you rate your health condition as:  Excellent  Good  Fair  Poor

Have you ever had any of the following communicable diseases?

Y N

- Chickenpox
- Measles (Rubella)
- Measles (Rubeola)
- Mumps

Y N

- Pertussis
- Scarlet Fever
- Tuberculosis
- Other (specify) \_\_\_\_\_