Check all items that apply **past or present,** to your health history. Explain any "Yes" answers.

Allergies: Food, medicines, insects, plants Yes ❑ No ❑ Explain: _____

General Information:	Yes	No		Yes	No		Yes	No
ADHD	❑	❑	Convulsions	❑	❑	Hemophilia	❑	❑
Asthma	❑	❑	Diabetes	❑	❑	High Blood Pressure	❑	❑
Cancer/leukemia	❑	❑	Heart Trouble	❑	❑	Kidney Disease	❑	❑

Explain: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses etc.: _____

Immunizations (Give date of last inoculation.)

Tetanus toxoid	_____	Measles	_____ Polio _____
Diphtheria	_____	Mumps	_____
Pertussis	_____	Rubella	_____

Class 2 Medical Evaluation

(Read additional requirements on front of form.)

Name _____ Age _____

Note to Licensed Health Care Practitioners*: The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

PHYSICAL EXAMINATION (To be filled out by a licensed health-care practitioner*.)

Height _____ Weight _____ B/P _____ Pulse _____

Lab: Urinalysis (dipstick) _____ Albumin _____ Sugar _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain: _____

Check box:	N	Abn		N	Abn		N	Abn
Growth development	❑	❑	Teeth	❑	❑	Genitalia	❑	❑
Skin	❑	❑	Cardiopulmonary	❑	❑	Musculoskeletal	❑	❑
HEENT	❑	❑	Hernia	❑	❑	Neurobehavioral	❑	❑

Explain: _____

Limitations:

Activity Restrictions: _____

Diet Restrictions: _____

Signature: _____ Date: _____

Licensed health-care practitioner*

Address: _____ City: _____ ST: _____ ZIP: _____

*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.