

2010 Summer Camp Health Information

STUDENT NAME _____

Please check any of the following symptoms that have been noted:

Frequent sore throats _____ Tires easily _____ Frequent earaches _____ Frequent stomachaches _____

Frequent headaches _____ Convulsion _____ Poor appetite _____ Frequent nosebleed _____

Frequent urination _____ Frequent sty's _____ Fainting spells _____ Pain in legs or joints _____

Shortness of breath _____

Diseases:

4 or more colds a year _____ German Measles _____ Poliomyelitis _____ Tonsillitis _____

Measles _____ Pneumonia _____ Ear Infections _____ Chicken Pox _____

Diabetes _____ Undulant Fever _____ Mumps _____ Eczema _____

Heart Disease _____ Asthma, Hay Fever _____ Hernia (rupture) _____

Other _____

List any operation, injuries or deformities _____

Most recent examinations:

Physical _____ Physician _____
Date

Dental _____ Dentist _____
Date

Eye Exam _____ Specialist/Physician _____
Date

Has your child ever been around anyone known to have Tuberculosis? _____

Are there any remarks regarding your child's health, mental or emotional development you would like to call to our attention?

The answers to the above questions are correct.

Parent Name _____
Printed Parent Signature Date