



Girl Scout Medical History Form

(For girls staying 5 or more nights)

May request medical records from provider in place of this form

Girl's Name: _____ Address: _____ Phone: _____

Custodial Parent/Guardian: _____ Address: _____ Phone: _____

This section must be completed by a licensed physician or nurse practitioner for attendance!

Physical exam must take place within 12 months prior to the girl's attendance at camp. Attn: Healthcare professional, please review the health history on the front.

Date of examination: _____

Height _____ Weight _____ Blood Pressure _____

The applicant is under the care of a physician for the following conditions:

Current treatment including medications: _____

Any treatment to be continued at camp? _____

Any dietary restrictions? _____

Any activity restrictions? _____

Please mark as follows: S=satisfactory, U=unsatisfactory, NE=not examined	
___ Skin	___ Eyes
___ Nose	___ Throat
___ Teeth	___ Ears
___ Heart	___ Lungs
___ Abdomen	___ Genitalia
___ Skeletal	Details about any marked unsatisfactory: _____

Any other conditions: _____	

Immunization Record – Please record the month and year of basic immunizations and most recent boosters.		
Vaccine	Date of Basic	Boosters
DPT/DTaP- Diphtheria, Pertussis, Tetanus		
TD – Tetanus, Diphtheria		
Tetanus		
OPV/IPV – Polio		
MMR – Measles, Mumps, Rubella		
HIB – Hemophilus Influenza b		
Hepatitis B		
Varicella – Chicken Pox		
Other:		
Tuberculin test	Year last given:	Results:

I have examined _____ within the past 12 months.

In my opinion her condition does not preclude her participation in any camp activity except as noted above.

Examining Physician/Nurse Practitioner Signature: _____ Phone: _____ Date: _____

Printed examiner's Name: _____ Address: _____

Form completed by: _____ Date: _____