American Heritage Girls, Inc.
175 Tri-County Parkway, Suite 100
Cincinnati, OH 45246
513-771-2025 (fax) 513-771-2595

Adult Health and Medical History Form

(This form kept at the Troop level.)

Adult Name: _____

Date of Birth: _____/_____/_____ Phone: _____ Age: _____ Sex: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Place of employment: _____ Work phone: _____

Spouse's place of employment: _____ Work phone: _____

In the event of an emergency, notify:

Name: _____

Relationship: _____ Phone #:_____

Name: _____

Relationship: _____ Phone #:_____

Physician's Name: _____ Phone #:_____

Physician's address: _____

Dentist's name: _____

Dentist's address: _____ Phone #:_____

Medical Insurance Coverage: _____

Policy #:_____

Preferred Hospital: _____

ALLERGIES: Food, medicines, insects, plants, other _____ Yes _____ No

Explain:_____

_____

_____

GENERAL HEALTH INFORMATION:

(Please circle the answer that best describes your medical history.)

Asthma	YES	NO	Hearing impairment	YES	NO
Cancer/Leukemia	YES	NO	Heart Disease	YES	NO
Contacts/glasses	YES	NO	Hemophilia	YES	NO
Convulsions/Seizures	YES	NO	High Blood Pressure	YES	NO
Diabetes	YES	NO	Kidney Disease	YES	NO
Emotional disturbances	YES	NO	Menstrual Cramps	YES	NO
Ear infections	YES	NO	Migraine Headaches	YES	NO
			Motion sickness	YES	NO
Fainting	YES	NO	Nose bleeding	YES	NO

Explain any "YES" answers:

_____

_____

_____

List any medications prescribed by a physician that are to be taken on a regular basis:
(Fill out the medication form if applicable)

_____

_____

IMMUNIZATIONS:

Year primary series completed	Year of last booster
DPT_____	_____
Measles_____	_____
Mumps_____	_____
Rubella_____	_____
Oral Polio_____	_____
Tetanus Shot_____	_____

Tuberculin Test: Type: _____ Year last given: _____ Result:_____

Date of last physical examination:_____

I know of no health reason(s), other than the information indicated on this form, why I should not participate in any of the American Heritage Girls activities.

Adult Signature: _____ Date _____