NAME

PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 AND CLASS 2

Class 1 (update annually for all participants). Activity: Day camp. overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

Class 2(required once every 36 months for all participants under 40 years of age). Activity: Resident camp or any another activity such as backpacking, tour camping or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that of home or school. Medical care is readily available.

Note: Some states require an **annual** precamp medical evaluation. Your BSA local council service center can advise you about the requirements for your state.

If your child has a medical evaluation **(physical examination)** within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Class 2 section of this form) must be scheduled by a licensed medical practitioner.* This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or suffered a concussion from a head injury.

*Examination 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.

THIS FORM IS NOT TO BE USED BY ADULT OVER 40, BY HIGH ADVENTURE PARTICIPANTS (USE FORM NO. 34412), OR FOR NATIONAL SCOUT JAMBOREE (USE FORM NSJ-34412).

TROOP 33

CAMPSITE

CLASS 1 PERSONAL HEALTH AND MEDICAL RECORD

(Annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No _____

I give permission for full participation in BSA program, subject to limitations noted herein

In case of Emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Date_____ Signature of parent/guardian or adult _____

Some hospitals require that the parent/guardian signature be notarized. Check with your BSA local council.

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

NAME

ALLERGIES: Food, medicines, insects, plants: Yes ☐ No ☐ Explain: _____

GENERAL INFORMATION:	Yes	No		Yes	No		Yes	No
Asthma	☐	☐	Diabetes	☐	☐	High blood pressure	☐	☐
Cancer/leukemia	☐	☐	Heart trouble	☐	☐	Kidney disease	☐	☐
Convulsions/seizures	☐	☐	Hemophilia	☐	☐			

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 or booster)

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

CLASS 2 MEDICAL EVALUATION

(Read additional requirements outlined on front of form)

Name _____ Age _____

NOTE TO LICENSED MEDICAL PRACTITIONERS * : The person being evaluated may be attending 1 or more weeks of camp that may include sleeping on the ground, 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 medical practitioner)

Height _____ Weight _____ BP _____/_____ Pulse _____

TROOP 33

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 system	☐	☐	Musculoskeletal	☐	☐
HEENT	☐	☐	Hernia	☐	☐	Neurobehavioral	☐	☐

CAMPSITE

Explain: _____

Limitations

Activity restrictions _____

Diet restrictions _____

Signature _____(M.D./D.O./D.C./P.A./R.N.P*.) Date _____

Address _____ Phone_____

City, State, 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.

INTERVAL RECORD	SCREENING EXAMINATIONS	
DATE, TIME PLACE, ETC.	(Findings, diagnoses, treatment, instructions, disposition, etc.)	BY