



**MAAC CAMP**

**Health History Form**

**Part A- TO BE COMPLETED BY THE PARENT OR GUARDIAN**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Part B-TO BE COMPLETED BY THE PARENT OR GUARDIAN**

**HISTORY SINCE LAST HEALTH APPRAISAL**

If the answer to any of the following questions is "YES," please describe the condition or situation that prompted your answer, giving the date and doctor clearance in Part C.

- |     |  |     |             |             |
|-----|--|-----|-------------|-------------|
| 1.  | Any injuries requiring medical attention including concussion or loss of consciousness?  | Yes | No          | Date: _____ |
| 2.  | Any illness lasting more than 5 days?  | Yes | No          | Date: _____ |
| 3.  | Currently taking medication or under the care of a physician for an active problem?      | Yes | No          | Date: _____ |
| 4.  | Any feelings of faintness, dizziness, fatigue, or chest pain after exercise or exertion? | Yes | No          | Date: _____ |
| 5.  | Change in wearing glasses or contact lenses?   | Yes | No          | Date: _____ |
| 6.  | Any fractures or surgical procedures?  | Yes | No          | Date: _____ |
| 7.  | Any treatment in a hospital or emergency room?   | Yes | No          | Date: _____ |
| 8.  | Developed any allergies, asthma exercise induced asthma or reactions to medication?      | Yes | No          | Date: _____ |
| 9.  | Any chronic disease? (Diabetes, bleeding disorder, seizures?)                            | Yes | No          | Date: _____ |
| 10. | Problems with heat exhaustion/heat fatigue? <span style="margin-left: 20px;">Yes</span>  | No  | Date: _____ |             |
| 11. | Absence of or the significant impairment of any organs? (kidney, eye, ear)               | Yes | No          | Date: _____ |

**PART C- TO BE COMPLETED BY PARENT OR GUARDIAN**

Describe the condition or situation that caused you to answer "YES" to any question in PART B.

\_\_\_\_\_  
\_\_\_\_\_

**PART D- TO BE COMPLETED BY PARENT OR GUARDIAN**

List Any and All Allergies

\_\_\_\_\_

**PART E- TO BE COMPLETED BY PARENT OR GUARDIAN**

List Any and All Medications & Dosages

\_\_\_\_\_

**PART D-PARENTAL AUTHORIZATION**

Your signature indicates that the answers are correct as of this date.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_