

MEDICAL HISTORY INFORMATION - 2011

Each participant needs one filled out

NAME: \_\_\_\_\_ SEX \_\_\_ M \_\_\_ F

BIRTHDATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HEALTH INSURANCE CARRIER \_\_\_\_\_

INSURANCE ID NUMBER/POLICY \_\_\_\_\_

PHYSICIAN WHO COMPLETED MOST RECENT EXAM FOR EACH NLSS PARTICIPANT:

PHYSICIAN'S NAME PHONE DATE OF EXAM

RESPOND TO THE FOLLOWING QUESTIONS AS COMPLETELY AND ACCURATELY AS POSSIBLE:

CHRONIC AILMENTS

ALLERGIES/FOOD ALLERGIES

ASTHMA, OR OTHER RESPIRATORY PROBLEMS

EPILEPSY

DIABETES OR HYPOGLYCEMIA

BEE STINGS/INSECT BITES

HEMOPHILIA OR OTHER BLEEDING PROBLEMS

CIRCULATORY OR HEART PROBLEMS

OTHERS IF SIGNIFICANT

DATE OF LAST TETANUS SHOT: \_\_\_\_\_ BLOOD TYPE IF KNOWN \_\_\_\_\_

CURRENT MEDICATIONS IF ANY \_\_\_\_\_

DETAILS OR OTHER INFORMATION THAT MAY BE NEEDED:

GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_