

Health History Form

- A copy of a camper's school physical, including immunization history and doctor's signature, may be substituted in lieu of the health history part of the form if the physical was performed *within 12 months prior to the camp* start date.
- The Parental Consent and Health Insurance forms must be completed.
- Campers will not be allowed to participate without both the Health History and Parental forms completed in full.
- If a physical is scheduled after July 31, please bring completed forms to camp. **DO NOT SEND AFTER JULY 31.**

Camper's Name: _____ Date of Camp: _____

Sex: _____ Age: _____ Height: _____ Weight: _____

Has Camper had the following:

	YES	NO
Asthma		
Chickenpox		
Diabetes		
German Measles		
Measles		
Mumps		
Rubella		
Scarlet Fever		

Other: _____

Immunization History (including dates):

**You may provide a print out of immunization history*

Immunization	YES	NO	Date	Immunization	YES	NO	Date
Chickenpox				Pneumoccal Conjugate			
Diphtheria				Polio			
Hepatitis B				Rubella			
Measles				Small pox			
Mumps				Tetanus			
Pertussis				Tuberculin Test (TB)			
Other				Other			

Does camper take medication: YES NO If YES please indicate name of drug, dosage, and reason: _____

Does the camper have allergies? YES NO If YES, please explain:

Does the camper on a special or restricted diet? YES NO If YES, please explain:

Please identify any medical information we should have regarding past medical history or suggested physical limitations relating directly to the camper's ability to participate in the camp's training and activities: _____

I certify the above-mentioned individual is able to participate fully in the activities at Cross Country University Running Camp (XCU Camp), based on physical examination within 12 months prior to said camp date:

Medical provider signature: _____

Date: _____