Regatta Point Community Sailing
Quinsigamond State Park
P.O. Box 4008
Shrewsbury, MA 01545

# Camper Health History Form

Name _____ Sex ____ Age _____ Date of Birth _____
Address _____ Phone _____
Parent/Guardian/Spouse _____
Address _____ Phone _____
Emergency Contact Person Phone _____

## Medical History (give dates)

General Questions (Explain "yes" answers below

| Has/does the participant: | Yes | No |
|---|---|---|
| Had any recent injury, illness, or infectious disease? | | |
| Had a chronic or recurring illness/condition? | | |
| Ever been hospitalized? | | |
| Ever had surgery? | | |
| Have frequent headaches? | | |
| Ever had a head injury? | | |
| Ever been knocked unconscious? | | |
| Wear glasses, contacts, or protective eyewear? | | |
| Had frequent ear infections? | | |
| Ever passed out during or after exercise? | | |
| Ever been dizzy during or after exercise? | | |
| Ever had seizures? | | |
| Ever had chest pain during or after exercise? | | |
| Heart Disease | | |
| Ear infections | | |
| Diabetes | | |
| Mononucleosis | | |
| German Measles | | |
| Poliomyelitis | | |
| Rheumatic | | |
| Tonsillitis | | |
| Asthma | | |
| Whooping Cough | | |

| | Yes | No |
|---|---|---|
| Ever had high blood pressure? | | |
| Ever had back problems? | | |
| Ever had problems with joints (e.g., knees, ankles)? | | |
| Have an orthopedic appliance brought to camp? | | |
| Have any skin problems (e.g., itching, rash, acne)? | | |
| Had mononucleosis in the pat 12 months? | | |
| Had problems with diarrhea/constipation? | | |
| If female, have any abnormal menstrual history? | | |
| Ever had an eating disorder? | | |
| Ever had emotional difficulties for which professional help was sought? | | |
| Ever been diagnosed with a heart murmur? | | |
| Chicken Pox | | |
| Mumps | | |
| Hertua | | |
| Scarlet Fever | | |
| Tuberculosis | | |
| Convulsions | | |
| Hypertension | | |
| Measles | | |
| Meningitis | | |
| Kidney Disease | | |
| Strep. Throat | | |
| Other | | |

## Allergies

Hay Fever Insect Stings Penicillin Food

Please Explain any "yes" answers that were checked off above.

_____
_____
_____
_____
_____
_____
_____