

Adult Health History

Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.

To be completed by adult member and retu	irned to the troop leader. PLEASE P	RINT.			
Name			_ Birth Date		
Last	First	Middle Initial			
Address					
AddressStreet		City		ZIP	
Email Address					
Elliali Address					
Dhara w	6.0	(-)			
Phone (H)	(W)	(C)			
F					
Emergency Contact	Name Address		Pho	one	
Family Madical/Hamital Incur	anaa Carriar				
Family Medical/Hospital Insura	ance Carrier	Name	Policy o	r Group Number	
Check all that apply:					
Allergies*		Chronic Illnesses*		Immunizations	
□ Food		□ Heart Defect/Disease □ Seizures		Date of last tetanus booster:	
□ Hay Fever	Seizures		Date of last letarius	booster.	
□ Insect Stings	□ Bleeding Disorders		Tuberculin test date:		
□ Medicine/Drugs	□ Asthma		Result of TB test:		
□ Plants	□ Hypertension				
□ Pollen	□ Diabetes				
□ Animals	□ Musculoskelet	□ Musculoskeletal Disorders			
□ Other (specify)	□ Arthritis				
	□ Sinusitis				
	□ Ear Infections				
	□ Other (specify)				
*Comments (please explain any in	tems that are checked)				
Restrictions concerning physic	cal activity				
Special medical or dietary reg	imen to be followed (speci	fy)			
This health history is complete Signature	and accurate. I am able			as noted.	
Columbia Ser	rvice Center 1107 Williams Stree	t Columbia, SC	C 29223 T 803.782.513	3	