Project Contemporary Competitiveness, Inc.

HEALTH FORM #1 - MEDICAL INFORMATION

Name: _____ **Date of Birth:** _____ **Gender:** ❒ M ❒ F

Allergies (medication, food, other)

_____

_____

Restrictions (check if either of the following restrictions apply)

☐ Dietary ☐ Activity (in need of assistive devices or transportation to classes/around campus?)

Explain:

_____

_____

General Questions (Explain "YES" answers below):

Has/does the participant:

	YES	NO
1. Had any recent injury, illness or infectious disease?	☐	☐
2. Have a chronic or recurring illness/condition?	☐	☐
3. Ever been hospitalized?	☐	☐
4. Ever had emotional difficulties?	☐	☐
5. Ever engaged in self-harming behaviors (i.e. cutting)?	☐	☐
6. Ever had an eating disorder?	☐	☐
7. Ever had surgery?	☐	☐
8. Ever had a head injury?	☐	☐
9. Ever been knocked unconscious?	☐	☐
10. Ever had seizures?	☐	☐
11. Ever had high blood pressure?	☐	☐
12. Ever been diagnosed with a heart murmur?	☐	☐
13. Ever had back problems?	☐	☐
14. Ever had problems with joints (e.g. knees, ankles)?	☐	☐
15. Have any skin problems (e.g. itching, rash, acne)?	☐	☐
16. Have diabetes?	☐	☐
17. Have asthma?	☐	☐
18. Had mononucleosis in the past 12 months	☐	☐
19. Had problems with diarrhea/constipation?	☐	☐
20. Have problems with sleepwalking?	☐	☐
21. If female, have an abnormal menstrual history?	☐	☐

Please explain any "yes" answers, noting the number of the question.

_____

_____

_____

_____

Provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware.

_____

_____

_____

_____

Name of Physician_____Phone_____

_____

Parent/guardian signature *Date*