Girl Scouts of Kentucky's Wilderness Road Council
2277 Executive Drive * Lexington, KY 40505
859-293-2621 • 800-475-2621 • 859-299-3692
www.gskentucky.org

T
Troop

Adult Health History Record

Name _____

Name of family physician _____ Phone (___)_____

Family medical/hospital insurance carrier _____ Policy or Group No._____

- -

Part l: Illness and Injuries (Check those that apply and give appropriate dates.)

☐ Diabetes
☐ Asthma
☐ Seizures
☐ Hypertension
☐ Heart Defect/Disease
☐ Ear Infection
☐ Bleeding/Clotting Disorders
☐ Musculoskeletal Disorders
☐ Other (specify) _____

Date of last health examination _____

Were any complicating medical problems noted in last health examination? _____

Part ll: Allergies (Check those that apply and specify nature of allergic reaction.)

☐ Animals_____
☐ Pollen_____
☐ Medicines/Drugs_____
☐ Plants_____
☐ Hay Fever_____
☐ Food_____
☐ Insect Stings _____
☐ Other (specify)_____

Part lll: Other Health Conditions (Check those that apply.)

☐ Constipation
☐ Hearing Impairment
☐ Motion Sickness
☐ Wear Glasses (Contact Lenses)
☐ Sickles Cell Trait of Disease
☐ Other (specify) _____
☐ Emotional Disturbances
☐ Special Dietary Regimen
☐ Nose Bleeds
☐ Sleep Disturbances
☐ Menstrual Cramps
☐ Fainting

(*If you have other health conditions, please include that information on the back of this page.)*

Part lV: Immunization History

Immunization	**Year Primary Series Completed**	**Year of Last Booster**
D.T.P. (Diphtheria, Tetanus, Pertussis-whooping cough)	_____	_____
Td	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella (German measles)	_____	_____
Oral Polio	_____	_____
Hib	_____	_____
Tuberculin Test (most recent)	_____	Result_____
Other_____	_____	_____

Please explain any items that are checked in relation to any of these health conditions.
_____

Signature _____Date_____