girl scouts of kentucky's wilderness road

Physical Examination Record

Name (Last, First, MI)			Parent/Guardian		
Address(# and street)			Date of Birth	Age	Sex
City/Town			State / Zip	Phone	
Emergency Contact	Address		Phone		

Diseases	Allergies		Chronic/Reoccurring Illness		Suggestions from Parent/Guardian
□ Chicken Pox	□ Animals	□ Medicine/ Drugs	□ Ear Infections	□ Asthma	
□ Measles	□ Food	□ Plants	□ Heart Defect/ Disease	□ Hypertension	
□ German Measles	□ Hay Fever	□ Pollens	□ Seizures	□ Diabetes	
□ Mumps	□ Insect Stings	□ Other	□ Bleeding Disorders	□ Musculoskeletal Disorders	
				□ Other _____	

Please describe conditions and give dates:
Operation or serious injuries:_____
Hospitalization:_____
Other diseases/disabilities:_____

Comments where applicable:

Fainting:_____
Bed wetting:_____
Constipation:_____
Emotional disturbances:_____
Specific activities to be encouraged:_____

Sleep Disturbances:_____
Menstrual Cramps:_____
Nosebleeds:_____
Other:_____
Special Medical or dietary regimen to be followed (specify):_____

This health history is complete and accurate. My daughter has permission to engage in all prescribed activities, except as noted by me and the examining physician.

Signature of parent/guardian:_____

Section to be filled in by physician after review of health history with parent/guardian:

Date of examination:_____
Height: Weight: B.P.

Appearance/Nutrition:_____

Eyesight (w/o glasses): R 20/____ L 20/____ (w/glasses): R 20/____ L 20/____
Ears:_____ Hearing: R_____ L_____
Color vision:_____

Code:
√ - satisfactory
X - not satisfactory
O - not examined

Nose:_____
Throat:_____
Teeth:_____
Heart:_____
Lungs:_____
Abdomen:_____
Genitalia:_____
Hernia:_____
Skin:_____
Musculoskeletal:_____
General physical and emotional status:_____
Urinalysis: *_____
Other Notes:_____

Immunization	Year Primary Series Completed	Year of last booster
DTP	_____	_____
Diphtheria	_____	_____
Pertussis (whooping cough)	_____	_____
Tetanus	_____	_____
Td **	_____	_____
Oral polio	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Hib **	_____	_____
Hep B	_____	_____
Tuberculin test	Last year given_____ Result_____	
Other	_____	_____

Physician's comments and recommendations.
Give details or indicate management of significant.
_____
_____
_____

*Not required for every physical examination. A Daisy, Brownie, or Junior Girl Scout should have this test if she has not already had it, wither when entering school or at any time since. A Cadette or Senior Girl Scout should have this test if she has not had it since entering puberty.

** Adult tetanus-diphtheria toxoid
*** Haemophilus influenza b

This person is in satisfactory condition and may engage in activities except as noted.

Physician's name (print)_____ Date_____
Physician's signature_____
Address_____
City/State/Zip_____
Phone_____