



## Camper Health Record

Athlete's Name: \_\_\_\_\_

Chronic or recurrent illness (diabetes, asthma, etc) Y / N

Illness lasting more than 1 week Y / N Please list: \_\_\_\_\_

Problem with blood pressure or heart Y / N

Seizures, dizziness, fainting, convulsions, frequent headaches Y / N

Ever had concussion or knocked out Y / N

Wear eyeglasses or contact lenses Y / N

Allergic to any medication Y / N

Allergic to any foods Y / N Please list: \_\_\_\_\_

Any allergies Y / N Please list: \_\_\_\_\_

History of collapsed lung, tuberculosis, enlarged spleen, or liver Y / N

Have you had your pre season physical Y / N

Last tetanus shot: \_\_\_\_\_

Injuries in the past: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_