

# SCOUT'S HEALTH HISTORY AND MEDICAL EXAMINATION RECORD

(This page is to be filled out by parent or guardian of Scout before he takes it to a medical doctor for his pre-camp examination)

Scout's Name \_\_\_\_\_ Age \_\_\_\_\_  
Scout's Home Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Troop No. \_\_\_\_\_  
Dates Registered for Camp \_\_\_\_\_

## SCOUT'S HEALTH HISTORY (To Be Filled in and Signed by Parent or Guardian.)

PLEASE NOTE: In order to assure the greatest degree of enjoyment and the fullest possible protection, each Scout is required to present evidence that his physical condition is such as to justify the expectancy of a healthy and safe camping experience.

The following information on the past health of your Scout son or ward is requested in order that the examining physician may have a basis for his examination. Please answer all questions.

List any foods which, if eaten, make him ill _____	Smallpox? _____ In what Year? _____
Is his appetite usually good? _____	Diphtheria? _____ In what Year? _____
Is he frequently constipated? _____	Scarlet Fever? _____ In what Year? _____
Is his digestion good? _____	Infantile Paralysis? _____ In what Year? _____
Is his "wind" good? _____	Typhoid Fever? _____ In what Year? _____
	Pneumonia? _____ In what Year? _____
	Rheumatism? _____ In what Year? _____

### IS HE SUBJECT TO: (Answer Yes or No)

Colds? \_\_\_\_\_  
Sore Throat? \_\_\_\_\_  
Bronchitis? \_\_\_\_\_  
Fainting Spells? \_\_\_\_\_  
Convulsions? \_\_\_\_\_  
Cramps? \_\_\_\_\_ Where? \_\_\_\_\_

### HAS HE HAD: (Answer Yes or No)

Heart Trouble? \_\_\_\_\_  
Asthma? \_\_\_\_\_  
Lung Trouble? \_\_\_\_\_  
Sinus Trouble? \_\_\_\_\_  
Appendicitis? \_\_\_\_\_  
Has Appendix been removed? \_\_\_\_\_  
Hernia (Rupture)? \_\_\_\_\_  
Ear Trouble? \_\_\_\_\_  
In his Hearing Good? \_\_\_\_\_  
Is his Eye Sight Good? \_\_\_\_\_

### HAS HE HAD: (Answer Yes or No)

Measles? \_\_\_\_\_ In what Year? \_\_\_\_\_  
Mumps? \_\_\_\_\_ In what Year? \_\_\_\_\_  
Chickenpox? \_\_\_\_\_ In what Year? \_\_\_\_\_

Do you know of any physical disorder that should keep him from taking part in the regular Camp Program \_\_\_\_\_

\_\_\_\_\_ Is he now under medical care? \_\_\_\_\_ Has he been, within the past year? \_\_\_\_\_ For what? \_\_\_\_\_

Does he walk in his sleep? \_\_\_\_\_ Has he been exposed to any contagious disease within the last three weeks? \_\_\_\_\_ What? \_\_\_\_\_

Has he ever received any injections of serum? \_\_\_\_\_ If so, for what? \_\_\_\_\_ When? \_\_\_\_\_

Has he been protected by inoculation or vaccination, against Diphtheria? \_\_\_\_\_ When? \_\_\_\_\_

Smallpox? \_\_\_\_\_ When? \_\_\_\_\_ Typhoid? \_\_\_\_\_ When? \_\_\_\_\_

### REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ 19 \_\_\_\_\_

(Signed) \_\_\_\_\_

(Parent or Guardian sign here)

# MEDICAL EXAMINATION BY REGISTERED PHYSICIAN

NOTE TO EXAMINING MEDICAL DOCTOR: This boy is a Scout. He will participate in a program of camp activities which may include swimming, climbing and running. Your cooperation in making a careful examination will be greatly appreciated. To aid you in making this examination we have secured from his parents his health history record which will be found on the reverse side of this blank. Thank you.

- 1. Condition of Heart? \_\_\_\_\_
- 2. Condition of Lungs? \_\_\_\_\_
- 3. Condition of Throat? \_\_\_\_\_
- 4. Condition of Skin? \_\_\_\_\_
- 5. Condition of Ears? \_\_\_\_\_
- 6. Condition of Eyes? \_\_\_\_\_
- 7. Condition of Extremities? \_\_\_\_\_
- 8. Condition of Teeth? \_\_\_\_\_
- 9. Has Scout developed Hernia? \_\_\_\_\_
- 10. Does inquiry reveal contagious illness in Scout's home at this time? \_\_\_\_\_

Space Below for Recommendation, Conditions and Further Data:

\_\_\_\_\_

Do you think that this boy is likely to be sensitive to serum inoculations? \_\_\_\_\_

Please state if, in your mind, this applicant is in physical condition to take part in the Scout Program of strenuous outdoor activities, including swimming. If not, please state what should be avoided. \_\_\_\_\_

Date \_\_\_\_\_ 19\_\_\_\_ (Signed) \_\_\_\_\_

Are you the Family M. D.?  
Yes No

## RE-CHECK ON ARRIVAL AT CAMP

It is of the greatest importance for the protection of each individual and of the entire camp population that a re-check be made by a medical doctor of the health condition of each Scout and leader on arrival at camp (or at home on day of departure for camp). — This need not take more than two or three minutes, but must include observation of the throat, skin, eyes and stethoscopic examination of the heart and check for hernia. A re-check by a medical student, physical director or other layman is not acceptable. If no resident doctor at camp, arrange with one or more doctors in a nearby community or a medical member of the Health and Safety Committee to visit camp at the beginning of each period to make this re-check.

## STATEMENT OF M. D. MAKING RE-CHECK

I have looked over the health history and medical examination record of this Scout, made the designated re-check and find at this time that he is Physically (Fit) (Unfit) to indulge in the camp activities program.  
(Cross out one)

Specify exceptions: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Date \_\_\_\_\_ 19\_\_\_\_ (Signed) \_\_\_\_\_

(Medical Doctor)

## SCOUT'S HEALTH HISTORY IN CAMP

Weight \_\_\_\_\_ Height \_\_\_\_\_ Date of Arrival at Camp \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Date of Departure from Camp \_\_\_\_\_

Increase in Weight \_\_\_\_\_ Increase in Height \_\_\_\_\_

Note any physical injury or condition which has developed in camp, to which parents' attention should be directed.

\_\_\_\_\_

Date \_\_\_\_\_ 19\_\_\_\_ (Signed) \_\_\_\_\_

(Medical Doctor)