EXTENDED TRAVEL HEALTH EXAMINATION RECORD

THIS PORTION TO BE **FILLED IN BY PARENT** AND REVIEWED WITH PHYSICIAN AT THE TIME OF EXAMINATION

Name (Last, First, Initial)			Parent or Guardian		(Area Code) Phone	
Address	City or Town	State	Zip Code	Date of Birth	Age	Sex
In Emergency Notify			Address		(Area Code) Phone	

Health History: (Check those that apply)

- ❑ Chicken Pox
- ❑ Measles
- ❑ German Measles
- ❑ Mumps

Allergies

- ❑ Animals
- ❑ Food
- ❑ Hay Fever
- ❑ Insect Stings
- ❑ Medicine/Drugs
- ❑ Plants
- ❑ Pollen
- ❑ Other

Chronic or Recurring Illnesses

- ❑ ADD/ADHD
- ❑ Asthma
- ❑ Bleeding Disorders
- ❑ Diabetes
- ❑ Ear Infections
- ❑ Heart Defect/Disease
- ❑ Hypertension
- ❑ Musculoskeletal Disorders
- ❑ Seizures
- ❑ Other (Specify)__________

COMMENTS WHERE APPLICABLE:

Operations or serious injuries ____

Hospitalizations ____

Other diseases/disabilities ____

Suggestions From Parent:

PROGRAM SESSION ATTENDING

DATE ATTENDING

COMMENTS WHERE APPLICABLE:

Fainting ______________________________ Sleep Disturbances ______________________________

Bed wetting______________________________ Menstrual cramps ______________________________

Constipation ______________________________ Nosebleeds ______________________________

Emotional disturbances ______________________________ Other ______________________________

Specific activities to be encouraged ____

restricted ____

Special medical or dietary regimen to be followed (specify) ______________________________

This health history is correct and my camper has permission to engage in all prescribed activities, except as noted by me and the examining physician.

Signature of Parent/Guardian ______________________________ Date ______________

THIS PORTION TO BE **FILLED IN BY PHYSICIAN** AFTER REVIEW OF HEALTH HISTORY WITH **PARENT/GUARDIAN.**

Health Examination:

Date of examination ______________________________

Height ____________ Weight ____________ B.P. ____________

Appearance – Nutrition ______________________________

	Without Glasses		With Glasses	
Eyes	R 20/ ________	L 20/________	R 20/ ________	L 20/ ________

Ears ______________________________ Hearing R ____________ L____________

Code: Satisfactory ✔ Not Satisfactory ✗ Not Examined ⃠

Nose______________________________

Throat ______________________________

Teeth ______________________________

Heart ______________________________

Lungs ______________________________

Abdomen ______________________________

Genitalia ______________________________

Hernia ______________________________

Skin ______________________________

Musculoskeletal ______________________________

General physical and emotional status ______________________________

Urinalysis* ____________________ HGB* ____________________

Other notes______________________________

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

**Adult tetanus-diphtheria toxoid

*** Haemophilus influenza b

Record of Immunizations:

Immunization	Year Primary Series Completed	Year Of Last Booster
D.T.P.	__________	__________
Diphtheria		__________
Pertussis (Whooping Cough)		__________
Tetanus		__________
Td**	__________	__________
Oral polio	__________	__________
Measles	__________	__________
Mumps	__________	__________
Hib***		
Hbpv***	__________	__________
Tuberculin test	Type __________	__________
	Year last given __________	
	Result __________	
COVID-19	__________	__________

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

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

Licensed physician's name ______________________________

Licensed physician's signature______________________________

Address ______________________________

City______________________ State ________ Zip ____________

Phone (_________)______________________ Date ____________

UD: 12/2022