

GIRL HEALTH EXAMINATION RECORD

This Side 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

- Ear Infections
- Heart Defect/Disease
- Seizures
- Bleeding Disorders
- Asthma
- Hypertension
- Diabetes
- Musculoskeletal Disorders
- Other (Specify) _____

Suggestions From Parent:

PROGRAM ATTENDING

DATE ATTENDING

COMMENTS WHERE APPLICABLE:

Operations or serious injuries _____
 Hospitalizations _____
 Other diseases/disabilities _____

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 daughter has permission to engage in all prescribed activities, except as noted by me and the examining physician.

Signature of Parent/Guardian _____ Date _____

This side 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 _____

* 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
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D.T.P.	_____	_____
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Diphtheria	_____	_____
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Pertussis (Whooping Cough)	_____	_____
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Tetanus	_____	_____
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Td**	_____	_____
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Oral polio	_____	_____
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Measles	_____	_____
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Mumps	_____	_____
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Hib***	_____	_____
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Hbpv***	_____	_____
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Tuberculin test	Type _____	_____
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	Year last given _____	_____
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	Result _____	_____
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Other	_____	_____
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Physician's comments and recommendations
Give details or indicate management of significant illnesses.

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 _____